Heartland Health Region

Annual Report to the Minister of Health

For the 2008-09 Fiscal Year Ended March 31, 2009

Primary Health Care
Heartland's Winning Combination

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Letter of Transmittal

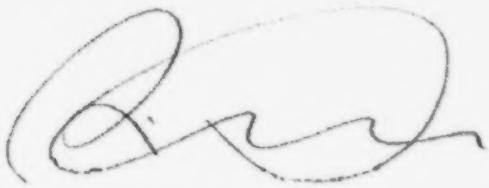
To: The Honourable Don McMorris
Minister of Health

Dear Minister McMorris;

The Heartland Regional Health Authority is pleased to provide you and the residents of the health region with the 2008-09 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2009.

The Heartland Regional Health Authority had many successes during the fiscal year. The overall success of the Heartland RHA is gratefully attributed to the dedication and commitment of employees and the medical staff of the RHA, as well as the generous residents who give unstintingly of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,



Richard Anderson
Chairperson

Who We Are

The Heartland Regional Health Authority (HRHA) is responsible to deliver health care services to citizens living within its borders. On April 1, 2007, the Authority implemented a three year Strategic Plan that had been developed with information collected from the board, staff and public stakeholders. At the same time, the HRHA revised its vision; affirmed three existing and adopted five new Values; and prioritized five Strategic Directions, each with a number of objectives. The Strategic Plan will guide the region's work over the next few years. The Strategic Directions outlined in the plan provide direction for the Authority's decision making about resource allocation and delivery of HRHA program and service priorities.

Heartland Vision

Building a region of healthy people and healthy communities.

Heartland Values

- Quality
- Fiscal responsibility
- Being accountable to the people we serve
- Courage
- Integrity/Honesty
- Empathy/Compassion
- Respect
- Abundance

In its 2007-2010 Strategic Plan, Heartland Regional Health Authority adopted five goals and objectives as found in the table below.

Developing Primary Health Care Services across the Region	P1: Develop Primary Care Service Areas and the Teams within, ensuring appropriate resource distribution P2: Strengthen our commitment to Chronic Disease Management and Healthy Living. Maintain and develop appropriate secondary services to complement Primary Health Care services P3: Provide the right service by the right person in the right place at the right time P4: Actively explore and/ or create alternate service delivery models P5: Develop strategies to address: Mental Health Wellbeing; Accessible Nutritious Foods; Decreased Substance Use and Abuse; and Active Communities
Establishing Quality Performance and Expectations	Q1: Commit to Quality of Life for long term care residents Q2: Increase the use of evidence and Best Practices in decision-making Q3: Enhance data systems Q4: Make Continuous Quality Improvement the organizational culture Q5: Develop and implement a sustainable infrastructure plan for all facilities

Making On-going Communications a Priority	C1: Structure opportunity for open dialogue with staff, physicians, residents, communities, stakeholders and the provincial government C2: Actively seek out partnerships with communities, agencies, government and the private sector C3: Increase awareness of a shared responsibility for health, reasonable expectations and appropriate utilization of health care resources C4: Develop navigational tools and processes to ensure easy access to service
Building a Culture of Safety	S1: Develop and support the Safety Culture S2: Develop strategies to reduce injury S3: Ensure that HRHA workplace environments are safe and healthy
Supporting and Developing Human Resources	HR1: Continue to work at becoming the "Employer of Choice" HR2:: Ensure provision of required education and actively seek placement opportunities for health career students HR3: Improve the retention and recruitment of health care personnel HR4: Create a culture that promotes healthy employees in healthy workplaces HR5: Promote informed personal health choices HR6: Develop leaders, and establish collaborative leadership structures and processes (build teams)

Code of Conduct and Ethics

In keeping with the Regional Health Authority's (RHA) Code of Conduct, individual members of the RHA are expected to conduct themselves in an 'ethical and businesslike' manner. Board and staff alike are expected to conduct themselves in keeping with the region's values (summarized above).

The Heartland RHA places a high value on balancing the public's high expectations for health care programs and services with available human and financial resources and the context of the day. The Ethics Advisory Committee provides the Regional Health Authority greater focus in sorting through ethical issues, and guides the development and delivery of initiatives to advance the understanding of ethical principles throughout the region (e.g. Annual *Dialogue on Ethics* Workshops). This year, Heartland launched an Ethics Consultation service that is available to all patients and clients of the region, and to staff. The region has contracted the services of the Saskatoon Health Region Ethics Consultant.

Administrative Structure

Under the direction of the President/CEO, Heartland's five Vice-Presidents carry out the portfolio responsibilities of Human Resources, Primary Care Services, Health Services, Corporate Services and Corporate Planning Services. The Senior Medical Manager is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 1.

Partnerships

The Ministry of Health continues to be an important partner for the region. As the region's primary funder, the ministry established accountabilities and reporting expectations, and set and monitored standards that ensured the provision of health care and services to area residents.

The Saskatoon Health Region is another important regional partner. With no tertiary hospital, inpatient psychiatric or addictions services within its boundaries, Heartland professionals and physicians work closely with health providers in Saskatoon to ensure that patient/client health needs are met. The region contracted Medical Health Services from the Medical Heath Officer (MHO) portfolio in Saskatoon for a portion of the year until such time as the region acquired its own MHO resource.

Other Health Region partnerships include Prairie North Health with whom we partnered for ultrasound services in the communities of Rosetown, Biggar and Unity sites. The region worked together with the Cypress Hills Health Region in order to provide Nurse Practitioner services in the community of Eatonia.

Participation in the West Central Regional Intersectoral Committee (RIC) remains a key Heartland commitment. Participants included the R.C.M.P., Sun West School Division, the Rivers West District for Sport, Culture and Recreation, Great Plains Regional College, Ministry of Social Services and Ministry of Learning. Together, members of the RIC work to address the key determinants of health in Heartland's communities through funding that is provided to the RIC through various sources.

Community Advisory Networks

Heartland strongly believes in networking through existing groups rather than establishing another formal layer. In particular, the RHA has worked closely with community groups (e.g.: West Central Municipal Government Committee (WCMGC)) to successfully resolve issues related to equipment requirements, service levels and resident concerns).

The RHA maintained ongoing links with a variety of groups, organizations and processes by:

- Receiving delegations at Authority meetings
- Conducting public meetings in communities across the region
- Participating as a reporting member of West Central Municipal Government Committee
- Liaising with local Health Foundations
- Linking with Rural Economic Development Associations
- Participating in Regional Intersectoral Committees
- Liaising and planning with School Divisions and Regional Colleges
- Maintaining regular contact with and expressing appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attending focus groups

Health Care Organizations

Health & Community Foundations

The region continued to work closely with all of its (approximately) 17 Health and Community Foundations. Significant work was done with the Kerrobert, Luseland, and District Foundation, the Rosetown and District Health Foundation, and the Biggar Community Foundation in working toward new facilities in each of those communities. The

Kindersley Health Foundation was instrumental in the integration of a new ultrasound wing in the Kindersley Hospital.

BridgePoint Center Inc., Milden
Heartland is proud to be home to this provincial program that offers intensive residential program services for adults and youths, as well as their families, who are struggling with eating disorders.

BridgePoint Center is located in the Village of Milden, in the former Milden Hospital. An independent Board of Directors governs it. Along with the Ministry of Health, the RHA has maintained a strong relationship with the BridgePoint Board of Directors through its liaison member from the Heartland Health Region.

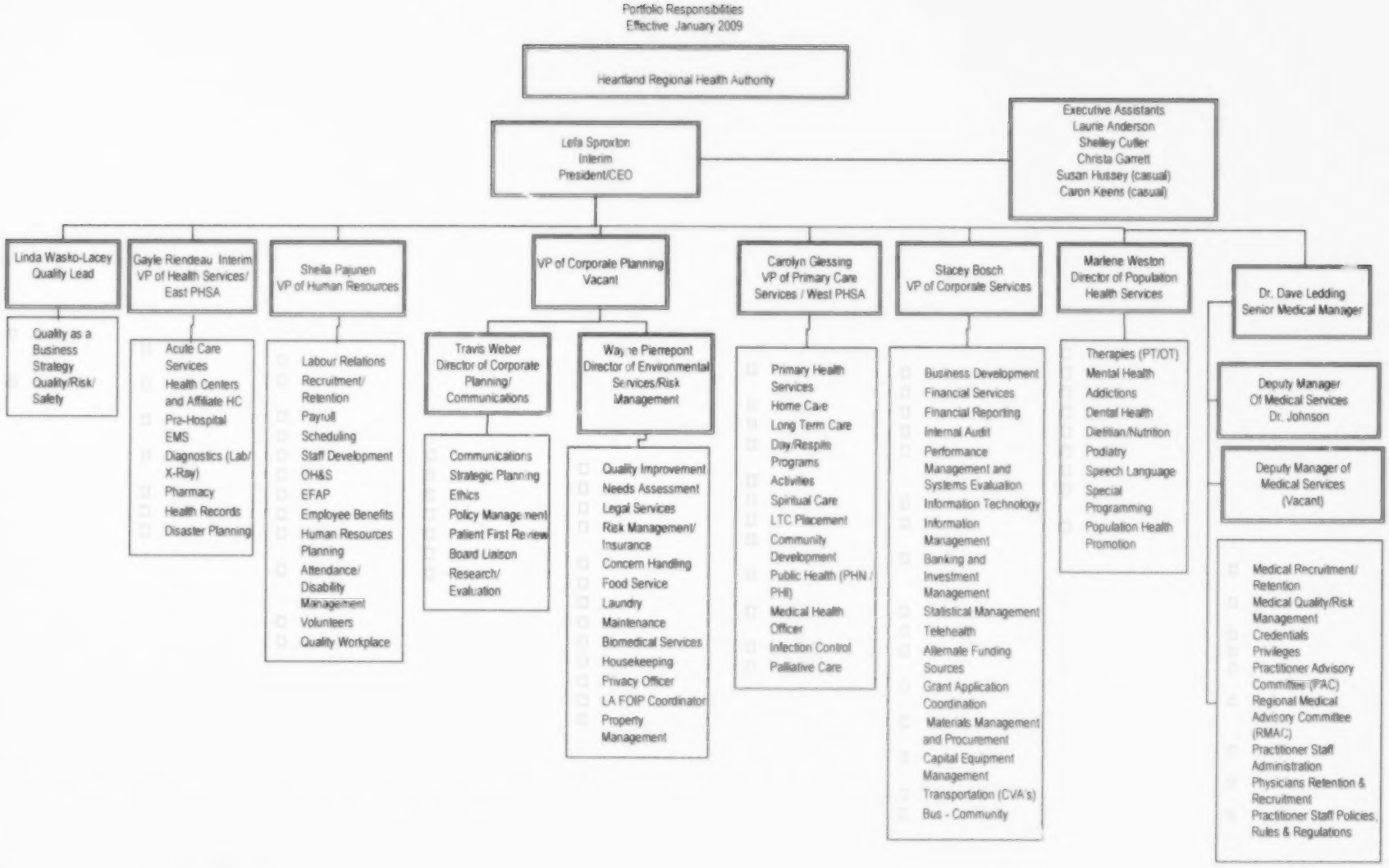
Ministry of Health funding for this program flows through the RHA. Heartland is pleased to support the innovative program services provided at the BridgePoint Center by its dedicated team, and its governing Board of Directors.

Canadian Mental Health Association, Kindersley
The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by Ministry of Health through the RHA. The Kindersley Branch focuses on mental health promotion and education activities in the Kindersley area. The CMHA partners with RHA and other community agencies in carrying out these activities.

St. Joseph's Health Centre, Macklin
St. Joseph's Health Centre in Macklin operates as the HRHA's only affiliate Health Care Organization. St. Joseph's has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director.

St. Joseph's offers out-patient treatment; emergency stabilization; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and four program beds, and works in partnership with the RHA in providing space for regional programs including community services, home care and Heartland's EMS services. Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Figure 1 Organizational Structure



Programs and Services

Hospital/Acute Care

Acute care services in Heartland were provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley), as designated by Saskatchewan Health. The region's seven hospitals provided 82 designated acute care beds that offered services including emergency stabilization, emergency obstetrical, low-complexity surgeries and diagnostic services. Table 1 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Institutional Supportive Care

Heartland and its affiliate provided Institutional Supportive Care (Long Term Care) services with the 492 beds in facilities and one affiliate located in fourteen communities (See Table 1). Requests for placement in Long Term Care facilities are prioritized based on need and availability of beds. Heartland's facilities offered an additional 58 program beds that provide respite, palliative convalescent and observation programs.

Emergency Medical Services

Emergency Medical Services (EMS) responded to more than 3147 calls from 17 sites dispersed throughout the Region. Most EMS are provided by Heartland Health Region, except for those in Beechy-Demaine and Elrose, which are contracted. Low call volumes in several sites, significant increases to standby/on call rates and recruitment difficulties continued to challenge the region's ability to effectively manage costs while providing quality care.

Home Care Services

Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and adult wellness clinics. Home Care also provided short-term acute care services on an as-needed basis. Home care gave services to 1893 clients. There were 41,845 meals supplied to 397 clients during this fiscal period.

Community Services

The region continued to provide a wide range of programs to residents, including adult, child and youth counselling and psychiatric rehabilitation; addictions recovery and treatment services; public health nursing; public health inspection; public health nutrition and community dietitian services; population health coordination; dental health education; speech/language pathology; occupational and physical therapy; and podiatry.

Primary Health Care Services

Heartland Health Region views the Primary Health Care (PHC) model, a holistic way of responding to the health needs of area residents, as the way of the future in providing health care and services and promoting wellness. Teams will be client-centred, and service delivery will be integrated. The initiative is expected to reduce travel time for health professionals, making more hours available to provide direct service to clients. Over time, Heartland will be

able to better align teams and resources to meet the identified health care needs of Heartland citizens, thus using limited human and financial resources more sustainably.

Research from the Canadian Institute for Advanced Research indicates that 75% of the health status of Canadians is affected by factors outside the health system. For this reason, the region continued to focus on building effective, coordinated and comprehensive community-based strategies to address those factors. The region strengthened its role in encouraging and supporting individuals to take greater personal responsibility for their health by making healthy lifestyle choices, and treating individuals who are sick or in failing health.

* * * *

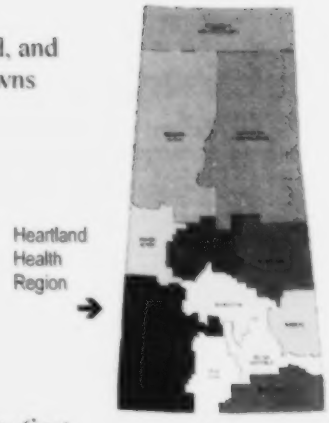
For more information about the region's progress in any of the areas listed above, please refer to the discussion located in the section titled *2008-09 Results at a Glance* beginning on page 14 of this report.

Table 1 Summary of Acute, Long Term Care and Program Beds located in Heartland Health Region Facilities (2008-09)

Facility	Program Offered	Acute	Long Term Care	Program	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley Health Centre	Acute, Program	21	0	5	26
	LTC	0	78	2	80
Total District Hospitals		21	78	7	106
Community Hospitals					
Biggar Hospital	Acute	13	0	2	15
Davidson & District Health Centre	Acute, LTC, Program	2	30	6	38
Kerrobert Health Centre	Acute, Program	10	12	2	24
	LTC	0	26	0	26
Outlook Union Hospital	Acute,LTC, Program	10	42	6	58
Rosetown & District Health Centre	Acute Program	16	0	5	21
Unity & Dist. Health Centre	Acute, LTC, Program	10	33	2	45
Total Community Hospitals		55	143	23	227
Sub Total District/Community Hospitals		**82**	**221**	**30**	**333**
Health Centres					
Beechy Health Centre	Health Centre, M-F 5 days/week	0	0	0	0
Dinsmore Health Centre	LTC, Program (except Stabilization (16 hrs/day)	0	18	4	22
Eatonia Health Centre	Health Centre, 5 days/wk	0	0	0	0
Elrose Health Centre	(LTC, Program (except observation & stabilization) (12 hrs per day)	0	30	3	33
Eston Health Centre		0	32	4	36
Kyle Health Centre	LTC, Program, Stabilization (16 hours/day)	0	17	3	20
Lucky Lake Health Centre	LTC, Program, Stabilization (12 hours/day)	0	17	3	20
Wilkie Health Centre	LTC, Program	0	29	5	34
Health Centres Subtotal		**0**	**143**	**22**	**165**
Special Care Homes					
Diamond Lodge	LTC, Respite	0	59	1	60
Rosetown Nursing Wing	LTC	0	21	0	21
Rosetown Wheatbelt Centennial Lodge	LTC, Respite	0	26	2	28
Special Care Home Subtotal		**0**	**106**	**3**	**109**
Total HHR Beds		**82**	**470**	**54**	**606**
Affiliated Health Centre					
St. Josephs- Macklin	LTC, Program	0	22	4	26
Grand Total		**82**	**492**	**58**	**632**

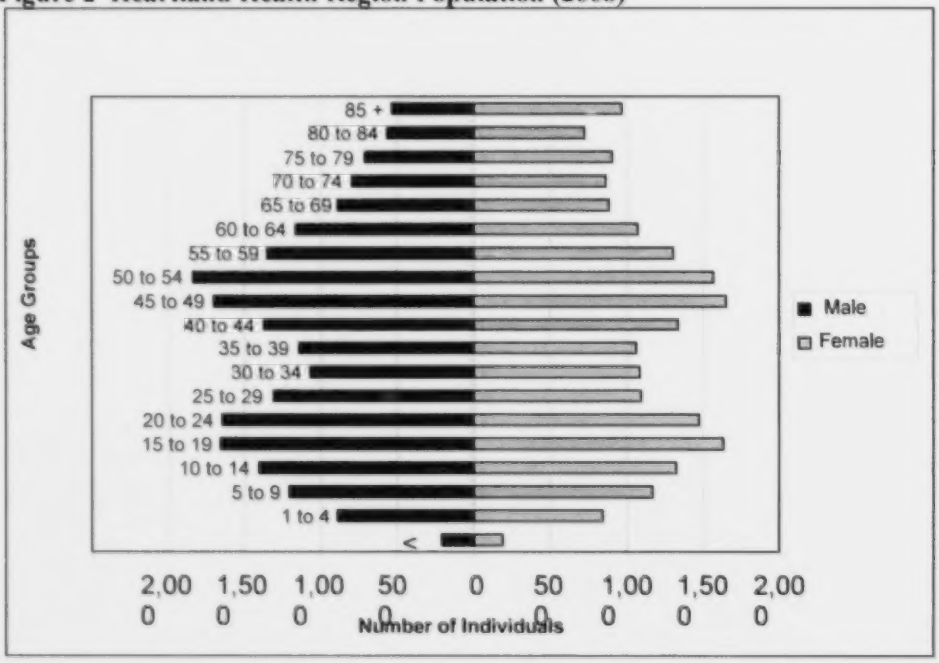
Our Region[1]

The Heartland Health Region is located in west central Saskatchewan. It covers some 41,770 square kilometres of land, and has 43,502 residents (1). Within its boundaries, there are 57 towns and villages, 44 rural municipalities, and 20 Hutterite Colonies. Somewhat atypical for Saskatchewan health regions, Heartland has no First Nation communities within its borders. There is one Métis community in the region (Cando). A relatively low number of residents identify as Aboriginal (n ~650). The region's largest urban centre is Kindersley, with a population of 4,966. Other major centres include Rosetown (2,704); Unity (2,487); Biggar (2,513); and Outlook (2,433).



Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may affect the health of a portion of Heartland's population by contributing to social isolation and creating challenges regarding access to services.

Figure 2 Heartland Health Region Population (2008)



Source: Ministry of Health. Covered Population, 2008

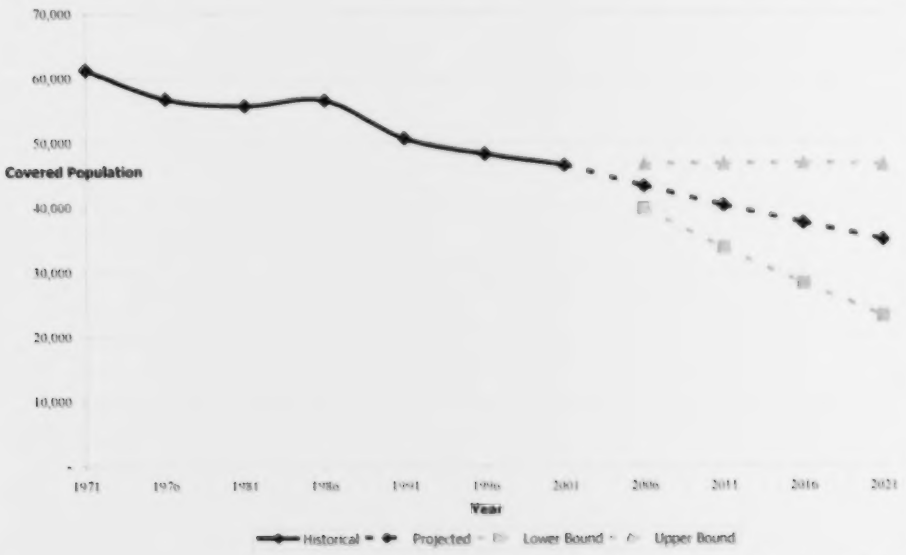
[1] Data in this section have been gathered from the most recent available reports from the Ministry of Health and Statistics Canada.

In 2008, Heartland's population was closely divided between males and females with 21,918 males (50.5%) and 21,484 females (49.5%). Some 18% of the region's population is 65 years of age or over, compared to the 14.45% in the province as a whole. Figure 2 provides a further breakdown of Heartland's 2008 population by age and sex.

According to Statistics Canada data, Heartland's population declined approximately 8% (from 46,542 to 42,657 people) between 2001 and 2006. Population projections conducted in 2006 by Ministry of Health predict that this trend is expected to continue for Heartland, and indeed, for all of Saskatchewan's southern, rural health regions. If ministry projections are accurate, Heartland's population for 2011 could be in the range of 40,249 (with projections as low as 33,722) and 34,927 by 2021 (see Figure 3). Population growth rates are affected by a variety of factors, including migration and changing fertility rates (e.g., a trend toward smaller families, fewer women of child bearing years living in an area, etc).

However, in the last couple of years, Saskatchewan experienced the fastest growth among all provinces, due both to international immigration and inflow from neighbouring provinces. Statistics Canada estimates indicate that the population of Saskatchewan in the last quarter of 2007 increased by 3,300 to 1,006,600 residents, an increase of 0.33%. Future data will inform whether this trend continues, and identify the areas of the province to which new residents are moving. This trend may significantly affect future service requirements in Heartland Health Region.

Figure 3 Historical and Projected Population for Heartland Health Region, 1971 to 2021.



Source: Ministry of Health, Population Projections 2006 to 2021.

The five-year average rate of fertility in Heartland (2001-2005) was 27.7 births per 1000 women, lower than the provincial average of 34 births per 1000 women, for the same time period.

Biology and genetics are critical in determining health; as are health services (particularly those directed at preventing disease, and maintaining and promoting health), but other factors also contribute. Non-medical factors like income; education, employment, gender and culture play a large role in determining overall health. Heartland's profile for some of these factors is listed below. Much of the region's information about these non-medical determinants of health comes from the Canadian Census. For the 2006 census results the region specific data is not available. Therefore, the data below is somewhat outdated (Census 2001), but still provides a general picture of Heartland Health Region.

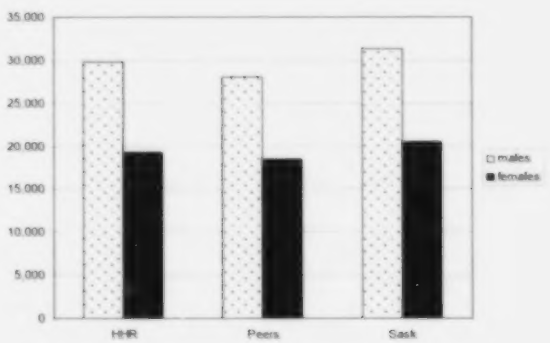
Socioeconomic Status

The following information is based on 2001 Census data

- The average annual earnings for working residents in Heartland was $22,300 (SK rate was $25,691)
- The median (middle point) income for individual residents over the age of 15 was $19,436

The median income for coupled families in Heartland was $52,600 ($54,341 in SK)

Figure 4 Average Personal Income: Age 15 and over



Median Household Income, Heartland, 2000:
(50th Percentile)

$0.00 **$40,543** $$$$

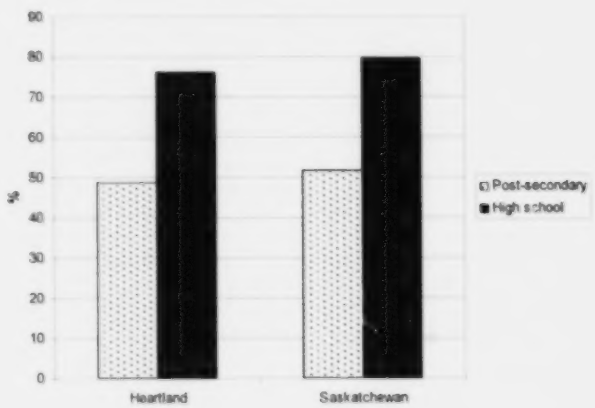
<... ... ...*All Heartland Household Incomes*... ... ...>

Proportion of total Heartland income held by households whose incomes fall below the median (24.3%)	Proportion of total Heartland income held by households whose incomes fall above the median (75.7%)

Nine percent of Heartland families (roughly one in ten) reported 2000 incomes below the low-income cut-off (SK rates 12%, Canadian rates 13%) and 26% of unattached people (approximately one in four) reported incomes below the low-income cut-off (36% SK, 38% Canada). Incomes below the cut-offs result in people spending disproportionate amounts of money for food, shelter, and clothing.

The negative effect of poverty on health is often more prevalent in lone-parent families, especially those headed by women. Most lone-parented families in Saskatchewan are headed by women (~82%). In 2000, women in Heartland Health Region earned 35% less income than men. Heartland Health Region had the lowest proportion of lone-parent families (9.1%), compared to Regions of similar size and composition(11.3%) and the province (15.7%) in 2001. The median income for lone-parent families in Heartland was $28,894 ($24,787 in SK).

Figure 5 Proportion of populations (age 25-29 years) who have completed or post-secondary education



Education & Literacy

According to the 2001 Census, 76.1% of Heartland residents aged 25-29 years had completed their high school education, or equivalent (Figure 5). The proportion provincially was 79.5%. The proportion of Heartland residents of the same age group who had completed post-secondary education was 48.6%, compared to 51.6% provincially.

Culture & Ethnicity

Heartland Health Region has a relatively low Aboriginal population (1.5%) compared to the province. Approximately 13.6% of people in Saskatchewan identified as Aboriginal in 2001.

Heartland also has a relatively low immigrant population (2.7%), compared to the Province (5.0%). Only the Northern Health Regions and Prairie North Health Region have the same or fewer numbers of immigrant residents.

Heartland's visible minority population is 0.8%. Visible minorities are persons (other than Aboriginal people) who are non-Caucasian in race or non-white in colour. Visible minorities make up 2.9% of Saskatchewan's population.

Approximately nine in ten of Heartland residents cited a religious affiliation in 2001 (SK rate was 8.4). Less than one in ten(9.5%) spoke a language other than English or French in 2001.

The percentage in Saskatchewan was 13%. 97% of Heartland residents were born in Canada (SK 95%).

Health Behaviours

The Canadian Community Health Survey is conducted across Canada every two years, and provides information regarding the health behaviours and other health factors of Canadians over the age of 12 years. The last report available was issued in 2005.

Table 2 Percentage of population (age 12 years and over) who report being inactive

	2000-01	2003	2005
Heartland	53.4%	50.3%	51.33%
Saskatchewan	48.9%	47.8%	49.52%

Inactivity (i.e., lack of physical activity) has been linked to increased risk of various chronic diseases of the heart and circulatory system, for example (Table 2). The self-reported rate of inactivity among Heartland residents aged 12 years and over has not significantly improved since it started being measured in 2000/2001.

Health Status

The source of data for some traditional health status indicators, like life expectancy and infant mortality, has not been updated since the last Annual Report (Table 3).

The proportion of residents in Heartland, as in Saskatchewan, who regard their own health to be very good or excellent, has decreased slightly from previous years. The proportion of people in the Region who are overweight is 2% higher than in the province as a whole. The proportion of Heartland residents who are obese is approximately 1% lower than in the province as a whole.

Table 3 Health Status Indicators

Health Status Indicator		Heartland Health Region	Saskatchewan
Life expectancy at birth (2001) [2]	Males	75.6	76.2
	Females	81.9	81.8
Life expectancy at age 65 (2001) [2]	Males	16.3	16.9
	Females	20.0	20.9
Infant Mortality rate per 1,000 live births (2002-2004) [3]		5.5	5.9
65Self-rated health status: Percentage population = very good or excellent (age 12 and over) [5]	2001	57%	57%
	2003	63%	60%
	2005	55%	52%
Age-Adjusted diabetes prevalence rate per 1,000 population [7]	2003/2004	46.1	n/a
	2004/2005	48.0	n/a
	2005/2006	51.0	n/a
		Overweight	Obese
Percent of population (age 18 to 64 years) who are overweight or obese [5]	2001	34%	20%
	2003	37%	24%
	2005	35%	19%

2008 – 2009 Results at a Glance
Major Initiatives and Accomplishments

This section briefly highlights the significant events and accomplishments that the RHA has achieved throughout the fiscal year, including performance, operational, and financial achievements that pertain to regional and departmental goals, as well as a financial summary.

Developing Primary Health Care Services Across the Region

- The region completed documenting (the "Primary Health Service Area Blueprint") the services that are being offered in each of its four service areas. The four Primary Health Care Service Areas (Unity, Kindersley, Rosetown and Outlook) are currently developing team approaches to delivering integrated, client-centred health care.
- A regional list of Secondary Services was completed (December 2008) and presented to the Board Authority. Services are slowly being relocated in order to give residents the best possible access.
- Chronic Disease Management and Healthy Living was made a priority and allocated specific resources (0.5 FTE).
- The Outlook Primary Health Service area was provided dedicated resourcing for Exercise Therapy (0.5 FTE).
- Telehealth clinic sessions have once again exceeded the provincial target by 886%.
- Strategies are developed and being implemented for Mental Health Wellbeing; Accessible Nutritious Foods; Decreased Substance Use and Abuse; and Active Communities
- Mental Health Wellbeing strategies include the formation of a support group for bi-polar clients.
- The region worked with school divisions in the region to develop food policies and education.
- The region worked with communities to develop food securities programs (e.g. community gardens, kids in the kitchen).
- The region developed a drug and alcohol strategy. A major output from that strategy is the Drug and Alcohol and Wellness network. "Staying in Tune" program (youth outreach) received recording equipment.
- Seniors fall assessment clinics were conducted by community therapists to promote active communities.
- Annual Health Fair was conducted in Unity.
- Ultrasound services were improved throughout the region. A Sonographer was hired in Kindersley to provide services to Kindersley and area. Services were contracted from Prairie North Health Region to provide Ultrasound to Unity, Biggar and Rosetown.

Establishing Quality Performance and Expectations

- Participation in the Acute Care Patient Experience Survey. The region scored higher than the provincial average in all categories.
- The region worked to guarantee each Long Term Care resident (who so desired) their own private room. This project is being implemented slowly to provide an easy transition.

- Changes/improvements supported by evidence or best practise were made to a variety of process including Hand Washing, Medication Reconciliation, Medication Security, Stroke Bypass Protocols, Sepsis Protocols, Dangerous Abbreviations, Patient Identification, Canadian Triage Acuity Scale (CTAS), New Grad Mentorship, Digital Computed Radiography (CR), H1N1 Response, Staff Scheduling, and the Information Technology Helpdesk
- The region celebrated the grand opening of the new Outlook and District Integrated Health Facility. This project included the integration of the Physicians Medical Clinic.
- The region completed a five year infrastructure sustainment plan.
- The region submitted over 13 million dollars of capital requests to repair/replace identified infrastructure deficiencies.
- The Government of Saskatchewan announced funding to replace Long-Term Care facilities in the communities of Biggar, Kerrobert and Rosetown. This will enhance Long Term Care in these facilities and upon completion will ensure the safety and comfort of residents and health care providers in these three communities and the surrounding areas.
- Received approval to proceed on three major capital projects in Rosetown, Biggar and Kerrobert.
- Completed audit of sterilization procedures, developed and implemented disinfection and sterilization policies for the region.
- Completed audit confirming that 100% of the programs offered within the region do not re-use syringes.

Making Ongoing Communications a Priority

- Revamped weekly newsletter and expanded its circulation.
- Conducted staff and community consultations with respect to forthcoming Capital Projects in Biggar, Kerrobert, and Rosetown
- Conducted community consultations in eight communities to develop a regional drug and alcohol strategy.
- The region hosted a *Town Hall* meeting for all staff via Telehealth.
- Senior Leadership has made an effort to have a consistent presence at regional staff and operational meetings.
- Board Authority meetings continue to be open to the public and media.
- Efforts are made to work cooperatively and collaboratively with other regions and the ministry.
- The region met regularly and collaboratively with local media.
- Increased involvement with Municipalities, Towns, West Central Municipal Government Committee (WCMGC), Great Plains Regional College, Foundations, School Divisions, Media, Community, Ministry, and Other regions.
- Foundation Partnerships work together on Capital purchasing.

Building a Culture of Safety

- The Seniors Falls and Injury Prevention Reduction program is implemented in the Primary Health Services Area (PHSA) of Rosetown.
- Stroke Bypass protocols were developed and implemented in order to better respond to early warning signs and significantly impact the chances of survival and recovery.

- Improvements have been made in the area of medication reconciliation including storage, security, and inventory.
- Pharmaceutical Information Program (PiP) was implemented for all Homecare Client Care Coordinators. PiP is a key tool used in the Medication Reconciliation process.
- Hiring of Manager of Quality Improvement (0.5 FTE) with a focus on Patient Safety.
- Kindersley, Rosetown, Unity and Davidson participated in a seat belt challenge with SGI with Kindersley winning $50,000 to be used towards a safety initiative in their community.
- Pilot of the Safety Champion position in the Rosetown Primary Health Services area with a focus on building safety awareness and injury prevention – projects included patient safety education for staff, falls prevention education, bike helmet safety education—390 kids in 8 communities received bike helmets, seatbelt awareness and farm safety.

Supporting and Developing Human Resources

- Regional Preceptor Recognition Program
- Provincial Registered Nurse New Grad & Mentorship Programs implemented
- Creation of in-scope regional positions including Pharmacist, Medical Radiology Technologist Working Supervisor, Medical Laboratory Technologist Working Supervisor (temporary), and Health Information Management Supervisor.
- Partnered with the Nursing Education Program of Saskatchewan, the Town of Eston and the Full Gospel Bible College to provide Clinical Community Nursing class for fourth-year nursing students.
- Provided Aboriginal Awareness Training to 174 Heartland employees.
- Workplace Wellness grant uptake was 96% of available funds ($4800 of $5000)
- 100 % of Managers have taken or enrolled in the SAHO Management Competency Course.

Financial Summary

Heartland Health Region ended the 2008-09 fiscal year with a significant operating surplus of $756,392 after capital commitments. The total funding for the region was $81.5 Million. Expenses were up 4.7% over the 07/08 fiscal year. Highlights of the year include:

- settlement of the SUN contract;
- low staff turnover in Community Services allowing for program continuity;
- increased use of targeted funding for programming;
- Sick and overtime remain substantial at $2.54 million.

The region was able to improve the working capital days to operate to 6.2 days. This was due to the capital money the region received for the three Long Term Care Projects.

The region's revenue grew by 6% in 08/09. In addition to the funding for the SUN contract, the region saw patient fees, including Long Term Care (LTC), Home Care and Emergency Medical Services (EMS) up by 3.9%. This was in spite of seeing continued increases in empty LTC beds (avg of 20.5 per month), but an increase in EMS trips, up 304 trips from 07/08. The other significant increase was in Out of Province, or reciprocal billing revenue. In 08/09 there was a rate increase of $64 per outpatient visit. This combined with an increase in out of province visits helped the region see close to a 50% increase over previous year's revenue.

2008 – 2009 Performance Results

This section of the RHA's Annual Report to the Minister of Health contains a discussion of Program-Specific and Organizational Effectiveness Indicators. The RHA uses this information and its 2007-2010 Strategic Plan, as well as input from the ministry, community stakeholders, employees and physicians to guide priority setting and decision-making in advancing the goals established by the ministry and the region.

Developing Primary Health Care Services across the Region

As in past years, the RHA contracted itinerant specialist services, including general surgery, cardiology, urology, orthopaedics, obstetrics, gynaecology and psychiatry from neighbouring regions. In January of 2008 a neurologist began itinerant services in Rosetown on a monthly basis. Residents had access to both the Acute Care and Critical Care Access Lines. In this way, Heartland physicians were able to access specialist care in Saskatoon or Regina that could not be provided within the region, and organize the timely transfer of patients to the appropriate care setting.

Wait Times

Heartland residents experienced minimal delays in accessing surgery that is performed in the region. Data from the Saskatchewan Surgical Care Network (SSCN) were suppressed due to privacy reasons and if there is fewer than five individuals waiting for surgery they don't list them. In the region fewer than five individuals were waiting for surgery at the fiscal year-end. None had been on the wait list for more than 12 months. Sixty-seven percent of Priority Level I, 100% of Priority Level III and 100% of Priority Level IV surgeries were completed within target time frames. Heartland conducted 342 surgeries that were eligible for reporting to the SSCN during 2008-09, up from 225 in the previous year.

Table 4 Summary of Surgeries performed in Heartland Health Region

Surgeries - Number of Surgeries	2008			2007			Compared to 2006
	Kindersley	Rosetown	Total	Kindersley	Rosetown	Total	
Inpatient							
Local	81	64	145	24	73	97	
Itinerant	39	2	41	38	3	41	
Day Surgery							
Local	48	58	106	26	74	100	
Itinerant	488	399	887	452	212	664	
Total Surgeries	656	523	1179	540	362	902	

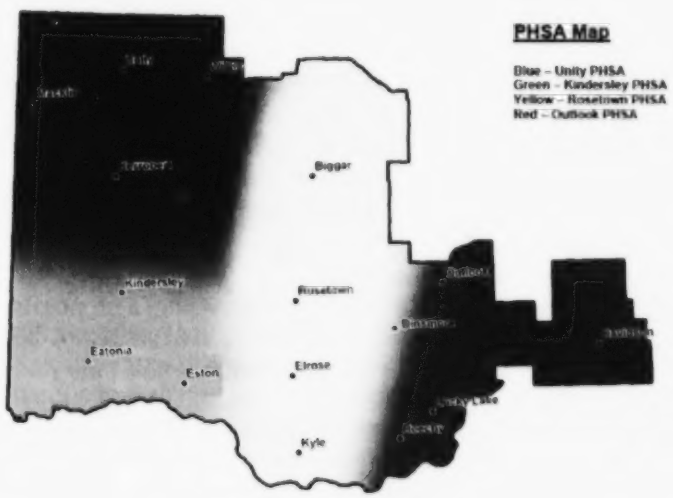
The region's utilization data (Table 4) indicates that there were a total of 1179 surgeries performed in the region, including those reported to the SSCN. The discrepancy between the two sources of information is due to the fact that not all surgical procedures require registration with the SSCN; endoscopic procedures for example, are not reported. Of all surgeries reported in the region, 993 were Day Surgeries and 186 were Inpatient (IP)

Surgeries. There were 656 surgeries in Kindersley (120 In Patient surgeries & 536 Day Surgeries) and 523 in Rosetown (66 In Patient surgeries & 457 Day Surgeries). The increase in Day Surgeries performed in Rosetown was due to endoscopic capacity added by the purchasing of new endoscopy equipment and the provision of an additional day of service by visiting surgeons.

The region has addressed the wait times for ultrasound. Kindersley wait time is now same day. Biggar, Unity and Rosetown continue to receive ultrasound services on a contract basis through the Prairie North Health Region. The ultrasound in these three centres is offered bi-weekly. The region was able to recruit a permanent full time sonographer based out of Kindersley as a multi site employee. The region is developing a business case for a regional ultrasound programming which would involve having our own sonographer travel to at least four communities (one in each of the four Primary Health Services Areas - PHSA) on a regular basis to provide on site ultrasound services using a portable ultrasound machine.

Kindersley purchased a portable ultrasound unit with donated funds. Unity completed renovations in anticipation of their new ultrasound unit and Rosetown installed a Computed Radiography system.

Figure 6 PHSA Map



Primary Health Care (PHC)

The goal of Primary Health Care is to provide quality care delivered by the right staff at the right time in the right setting. Over the past year the region has successfully developed four Primary Health Service Areas (PHSA). The four PHSA's are located in the Unity, Kindersley, Rosetown, and Outlook areas. Many services have been relocated in order to give Heartland clients the best access to service. Collocating the professionals in one service area has allowed for improved case conferencing and information sharing between the different program areas. The region has seen several intersectoral/interdisciplinary teams develop. Some PHSA's are more advanced than others in collaborating to provide patient/client-centered care services. The renovation of some facilities in order to have all services located in the same building has also added to team building.

Client service provision time has increased as a result of the reduction of travel time by professionals. The focus on primary care programs based on the specific PHSA identified needs is becoming the norm rather than the exception. We continue to consider alignment of staff to ensure equitable services are provided in all four PHSA's.

Heartland Health Region has two qualified team facilitators. The facilitators have worked with internal teams in an effort to focus them on working more collaboratively to provide the best client care that we can. With the announcement of new Long Term Care facilities in the communities of Biggar, Rosetown and Kerrobert, both facilitators have become involved in facilitating staff and community consultations. These consultations will be ongoing and will be an avenue for the community to become more involved in the health care service that is provided. They have also been instrumental in facilitating discussions involved in strategic planning of programs.

We have had some renewed interest from three long-standing physicians in the idea of alternate payment. Communities are very interested in the possibility of having Nurse Practitioners in their health centres and communities. Arranging contracts can be a challenge; we will continue to work with them to achieve desired outcomes. Heartland Health Region is now working closely with communities in the area of physician recruitment and retention.

The Beechy Health Care Centre is one of three practices in the Province that will be piloting the government electronic medical record system. Members from that team have been involved since the beginning by helping to pick indicators and vendors.

Heartland Health Region staff continue to work hard to adjust their program delivery based on client needs. Group classes are being provided, where appropriate, in order to ensure the highest possible level of access. The Primary Health professionals have shifted some of their time from treatment to prevention. We hope to keep expanding this action in order to eventually reduce the demands on our health systems.

Autism Program

A working group was struck to prepare a proposal to the Ministry of Health for annualized funding in the amount of $164,000 to address Autism in the Region. The Ministry of Health had developed a ***Framework and Action Plan for Autism Spectrum Disorders Services in Saskatchewan,*** and Regions received information regarding the distribution of funding in early November. Heartland Health Region received funding from the Ministry of Health. The main portion of the proposal was the hiring of an Autism Spectrum Disorder Consultant and an Autism Spectrum Disorder Support Services Worker as well as a summer program to work with autistic children.

Diabetes Strategy - Prevention Team

The Diabetes Strategy's Prevention Team is a partnership between Heartland staff from various disciplines and the Rivers West District for Sport Culture and Recreation. The team worked with the Rosetown and Biggar Recreation Directors to organize workplace healthy lifestyle challenges in the two communities. Twenty-six workplaces accepted the challenge to incorporate/enhance healthy lifestyle choices into their daily routines. Challenges have

been held in the past, but additional factors were added in this year's event to promote sustainability. Participants were asked to be more aware of their environmental responsibility and healthy policy development in addition to the usual healthy food and active living choices.

Family & Schools Together

The Family & Schools Together (F&ST) program has been established in two communities, Kindersley and Biggar. The program is operating effectively in those communities to bring families of Grade 1 students together for a ten week program to share a meal, receive parenting information and mentoring, and establish relationships with the schools they are connected to. There are two programs in Kindersley (Westberry School and Elizabeth School) and one in Biggar (Biggar Composite School). The program is supported by a F&ST Coordinator who assists with providing resources to the programs.

Speech-Language Therapy

Facility-based programs continue to be a major segment of the caseload for Speech Language therapy. For many families where there is a disruption in the flow of family life either through shift-work, both parents working, separation, divorce, or when children cannot separate 'play-time' and 'learning-time' with Mom and Dad, a new strategy had to be contemplated. The Partners Program was designed to provide the needed support to develop the child's speech and language skills.

The Communication Companion Program was initiated in January 2005 and now has the focus as a ***"Quality of Life Program"*** for adults and seniors. This program was designed as a 'Support Program for Stroke Patients' and was subsequently adapted for individuals with Alzheimer's and Parkinson's. The most recent inclusions have been programs for Intellectually Disabled individuals and an individual with Huntington's disease.
Since its inception, programs have been conducted in Unity, Kindersley, Davidson Outlook, Rosetown and Eston. Partnerships have been established with Nursing, Recreation, Activity and Home Care Staff.

Public Health Nutrition

The Public Health Nutrition program began consultations with community groups to assist them in addressing food security issues. Select communities are investigating the feasibility and sustainability of a variety of options for their particular locale. To improve communication and knowledge sharing, we are developing a directory for existing food security initiatives and maintaining links with agencies such as Food Secure Saskatchewan. The nutritionist also participated in provincial initiatives such as health indicator data collection for school health as well as breastfeeding initiation rates. A large part of the past year included promotion of health and nutrition in various media. Newspaper, press release, newsletter, and radio were avenues to provide information to professionals and the populace as well as promote the nutrition program in the region.

Family Centres

Heartland is involved in intersectoral partnerships in Unity, Kindersley and Rosetown for the development of family and community resource centres. The establishment of Family and/or Community Resource Centres in communities in the Region is a goal shared by the

West Central Regional Intersectoral Committee and the Northern Regional Intersectoral Committee. The three community driven projects vary in focus in response to their community's unique needs and are all at different stages of progression.

The **Unity Interagency Committee** received a $25,000 Community Initiatives Grant to start a Community Resource Centre in the community of Unity. The Unity Community Resources Centre was the first resource centre to be opened, holding its grand opening on December 12th, 2008. The group, which includes representatives from Heartland Community Services staff, was offered the use of a building centrally located in the downtown area. A number of Heartland employees worked on setting up the Centre, and also sit on its Board of Directors. Work has also been undertaken in Kindersley through the Kindersley Interagency Children's Services Committee. Funding has been obtained from the West Central Regional Intersectoral Committee for rental of space in the Christian Fellowship Centre along with the food bank. The first day of operation for the Kindersley Family Service Centre is planned for April 16th, 2009. Meetings have begun with the Rosetown Interagency Committee to establish a Family Service Centre in Rosetown.

The Centre in Unity has amassed a wide range of services. Some of these services are a food bank to provide food for low income individuals, a mom and tots weekly support group, a parent mentor group, food safety and handling courses, communication program for children with autism spectrum disorder, public health nursing, supportive independent living suite, education, new to you clothing exchange and many other services. The Carre program (Community Approaches to Respite, Rehabilitation and Education) is a support program for children with disabilities and their families located in the Centre. The program helps assist families with accessing and coordinating services related to their child's disbility. The I-step program is also located in the centre. It provides transitional support program for young adults with a disability

Literacy

Heartland instigated the development of a regional committee to address literacy issues. As a result, an interdisciplinary partnership has formed as the Books for Life Committee. Members include Great Plains Regional College, Heartland Health Region, Saskatoon Health Region, Sun West School Division, West Central Early Childhood Intervention Program and Wheatland Regional Library. This committee's goal is to promote the importance of literacy through all stages of life. Literacy is the effective processing of any information needed to excel in leisure, educational and work related environments. The first stage of Books for Life's vision is well underway. Books are being provided to newborns and their families at their first visit with the Public Health Nurse. A second book is then given six months later to further highlight the importance of early literacy practices. The committee currently has plans to also promote literacy at other stages of an individual's life.

Community Outreach Programs

In June, 2008, Heartland Health Region submitted a proposal to the Mental Health and Addictions Branch of the Ministry of Health for a Community Outreach Program. The Proposal had four components:

- To hire a Recreation Therapist to build capacity in communities to engage youth

- To expand the Youth Outreach Position in Kindersley from half-time to full-time to provide assistance to youth in transition.
- To purchase recording equipment for youth groups in the Region.
- To contract with Youth Launch to train Adult Allies in the Region concerning how to work with youth appropriately.

The proposal was approved by the Ministry of Health, and HHR received $205,000 in funding on an annual basis. Three components of the proposal were actualized with the exception of the hiring of a Recreation Therapist, which at the end of the fiscal year had not as yet occurred.

Adult Allies Program

Heartland recognizes the importance of engaging youth in initiatives whenever possible, and has trained staff and interested individuals in the Adult Allies Program. Youth Launch developed the program, which is an affiliate of the Centres for Excellence for Children's Well-Being based in Ottawa. The Adult Allies Program trains adults to work with youth, and youth are provided with a sense of ownership and responsibility. Development of leadership skills and confidence building is a result of the program. Communities as a whole also benefit when all members are given an opportunity to positively contribute

Psychiatric Rehabilitation Program

This past year the program has seen a constant pattern of referrals of persons presenting with Depression, Anxiety Disorders, Bi-Polar Disorder, and an increased number of persons at high risk for suicide. The services provided by the Centralized Intake System has helped triage and mainstream clients into the right programs, and has helped identify and manage those persons at high risk. Centralized Intake has increased the knowledge of our services, and has provided for equal access to services for all residents in Heartland Region.

Through a more creative and expanded use of our programming by what we define as 'Service Provider Contracts' we have been able to more effectively manage and improve the safety and quality of life of 'hard-to-serve' clients. Our further goal is to develop a semi-independent residential support program for our clients.

We have established three successful 'community-based' groups in our Region: a 'Coping and Support Group' for those managing long-term mental illness in Biggar; a Bi-Polar Support Group in Rosetown; and provide professional leadership and support to the 'Dare to Care' Cancer Support Group in Rosetown.

Community Mental Health Nurses in our program are working towards defining and applying legislative measures in order to "standardize our practice", "building stronger partnerships" and "better communication strategies to provide quality and safer client-centered care".

Child & Youth

Recognizing the needs of our communities to better respond to the needs of young people and their families, Child and Youth Mental Health Services has participated in a number of programs to help our communities develop more support for the same. It has worked with

Adult Allies in Biggar, the Forty Developmental Requirements in Kindersley and the Community Family Centre in Unity.

Addictions

Finding new and interesting ways to engage youth and divert them from participating in substance use and abuse has been an ongoing challenge. Integration of Community Health staff into facility-based teams has resulted in clear benefits for staff and clients.

Community consultations were held in eight communities throughout the region to engage communities in developing a regional drug and alcohol strategy. At each consultation, community members discussed what they saw as drug and alcohol related issues within their communities; what each community perceives as its strengths; and initiatives already underway in the grassroots level.

As a result of the consultations, twenty-seven partners agreed to work on the regional strategy, representing health, justice, ministerial, education, sports and recreation, and concerned citizens and youth from seven separate communities.

Addictions staff has been working with community members and other professionals in an effort to bring the Regional Alcohol and Drug strategy into existence. A regional drug strategy committee, the Drug and Alcohol Awareness Wellness Network (DAWN) was created to address alcohol and other drugs issues in West Central Saskatchewan. Partnerships were developed with multiple agencies and concerned citizens from varied communities across the region. This newly formed network developed a drug strategy that can be used by communities and groups to work towards decreasing the misuse and abuse of drugs and alcohol. The strategy is somewhat unique as it is geared towards rural communities. This regional document will be officially released in August 2009 and the hope is that communities within Heartland will take the opportunity to develop local committees to address concerns relating to alcohol and other drug misuse/abuse

The region continues to partner with SunWest School Division in the majority of our communities to provide addictions education to all grade 7, 9, and 12 students as well as Driver Education classes where requested. We continue to provide the 180 Alcohol and Drug diversion program as well as SGI Safe Driving Program Screenings in addition to our regular clinical services. The region will be working in partnership with other health disciplines to develop a Regional Tobacco Control Strategy and hope to gain some federal funding from Health Canada to assist us in our efforts.

Long Term Care

Client Satisfaction Exit Surveys continue to be sent out. Generally they are very positive. Future plans are to de-identify the information so that the results can be shared with staff at the specific sites.

This year we would like to begin doing surveys of current residents and their families. Plans are in place to revise the exit survey and then do a PDSA (Plan, Do, Study, Act) pilot in one facility. Then after the process and evaluation, the plan is to implement in all LTC facilities.

Table 5 Heartland Health Region Long Term Care: Key Statistics (2008-09)

No. of Placement Requests	206
No. of Individuals Placed	205
Average Days on Transfer List	41.88
Average Length of Stay *(days)*	43.23
Average Days from Placement Request to Assessment	10.80
Average Days from Placement Approval to Admission	4.08
Average Placement Age > 65	86
# Placed in Facility OF CHOICE	142
# Placed in Facility NOT OF CHOICE	63
# Placed on Transfer List *(Desired Facility)*	63
# Transferred *(Transferred To)*	55
# Declined Transfer	5
# Discharged	3

Last fall there was an initiative to change shared room accommodations to the preferred accommodation of private rooms. At that time, only 3 facilities in Heartland had shared rooms (Kerrobert, Rosetown Nursing Wing & Dinsmore). The general process was for these changes to be done with wisdom, compassion and in consideration of circumstances as they arise. Each facility, in consultation with staff, have devised their own plan to accomplish this task with the understanding that it may take some time to accomplish as the facilities had reductions of nine beds, eight to ten and one bed respectively. The Dinsmore facility has completed its task with all LTC residents residing in private rooms. Kerrobert has accomplished a reduction of three beds. Rosetown has yet to change any room status due to the absence of any beds becoming vacant.

Emergency Services

The regional Emergency Medical Services (EMS) program provides non-facility based emergency care to all of the residents of the region (and visitors) throughout the entirety of the regions geography. Clients of the program are treated at the site and then transported to an appropriate place for further treatment. EMS also provides facility related services such as client transfers and emergency room support. Highlights of EMS for the year include:

- Emergency Medical Services continue to be offered from 17 sites in the region
- Four First Responder courses were held in various locations in the region
- Regional EMS Education Day was held in April with over 60 EMS Staff and First Responders attending
- Saskatchewan College of Paramedics assumed responsibility for licensing of EMS staff
- One new EMS unit added to the fleet – subsequent rotation of vehicles to improve the overall health of the EMS fleet occurred
- New LP 12 Cardiac Monitors purchased for Kyle and Davidson EMS services

- 14 Power Lift EMS Stretchers purchased and placed throughout the region
- Regional EMS Education Plan developed
- Direct Transport Stroke Protocol developed and implemented
- Coordinated Transfer Program developed and implemented
- EMS Bariatric Transport Program developed and implemented

Immunization

Efforts continue to address the needs of HHR communities during Influenza Season.. Public Health Nurses and physicians provided:

Table 6 Influenza immunization rates - age 65 and over

.	2004-05	2005-06	2006-07	2007-08
Population (Adults 65+)	8170	8067	7,861	7861
# Adults 65+ immunized	5556	5449	5,246	5025
% of eligible population immunized	68%	68%	67%	63.9%

- 4,294 doses to Risk Category #1 (65 years and older)
- 1,574 doses to category #3 (medical risk)
- 457 doses to category #4 (6 – 23 months of age)
- 56 doses to category #5 (pregnant women)
- 1160/1695 HCWs or 68.4%
- 1554 doses sold to the public that do not fit into a risk category

LTC facilities provided 426 doses of vaccine to 479 possible residents of LTC facilities (89% of LTC residents).

In 2008/09 the HHR PHNs provided extensive Child Health Clinics through out the region. They offered 529.5 clinics and had 3274 available appointments for children. Of those appointments 3250 were scheduled appointments and 2748 appointments were scheduled and kept by the residents of the region. The public health nurses saw 1688 unscheduled or drop in visits at these clinics. Travel to all of these clinics totalled 22,107 kms.

Communicable Disease

Communicable disease investigated over 73 cases in the year. Both Public Health Inspectors and Public Health Nurses did follow up and education, worked with regional physicians, and provided education to the public

The coordination of Sexually Transmitted Infections (STI) reporting, investigating and notification continued as required. During the year they worked together to address 123 cases including Chlamydia, contacts to Chlamydia, Gonorrhoea, Syphilis, Hepatitis C, and Chlamydia pneumonia.

Chronic Disease Management

Heartland continued to maintain a linkage with Saskatchewan's Health Quality Council through participation in the Chronic Disease Management (CDM) Collaborative. The collaborative focused on improving the care and health of people living with coronary artery disease (CAD) and diabetes in Saskatchewan, and improving access to physician practices.

This past year saw the development of the Chronic Disease Management strategy. This new plan will bring all chronic disease services and prevention under one umbrella in order to better deliver service and reduce duplication of service.

Before the implementation of the Chronic Disease Management Program the only cardiac rehab available was a visit to the dietician and through Heart-to-Heart classes which were being run at minimum once a year with very low attendance. There were only three Heart-to-Heart facilitators and each tended only to run the class in their own facility. The program is now run in all four Primary Health Services Areas in central locations simultaneously by using telehealth. Four new facilitators have been trained and appropriate professionals take part in classes as necessary. Four sessions were held last year. We have hired a part-time exercise therapist trained in cardiac rehab. One of the first initiatives has been the introduction of walking classes in three communities and individual assessments for people with chronic conditions. The response has been overwhelming. We have also been able to train facilitators in the "Living Well with Chronic Conditions" program.

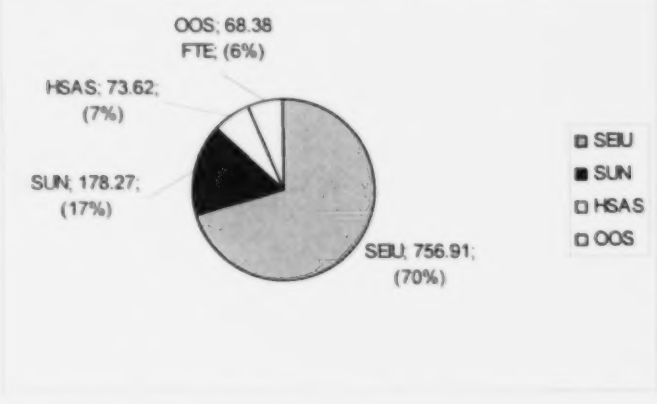
Three physicians from Heartland Health Region were involved in the Health Quality Council Chronic Disease Collaborative. It was through their work with this that we were able to identify some gaps in our system such as the cardiac education and some of the blood tests that were needed for best practice. We have at least one physician interested in participating in the next collaborative scheduled to begin in fall 2009. This practice will be working with clients with Chronic Obstructive Pulmonary Disease (COPD) and we hope that this will lead to the establishment of programs within the region to address this condition.

Good management of chronic conditions like diabetes and heart disease helps to reduce hospital admissions, ultimately reducing the overall cost of care for people with chronic conditions. The Health Quality Council plans to have another collaborative beginning in 2009, this time focusing on depression, access and COPD.

Supporting and Developing Human Resources

The Heartland RHA and its affiliate (St. Joseph's Health Centre, Macklin) employed 1775 people in 1077.17 Full-Time Equivalents (FTEs) in 2008-09 (Figure 6). The majority of employees (756.91 FTEs) belonged to the Service Employees International Union (SEIU), while 178.27 FTEs fell under the Saskatchewan Union of Nurses (SUN). The Health Sciences Association of Saskatchewan (HSAS) and out of scope positions accounted for 73.62 FTEs and 68.38 FTEs, respectively. The region was home to 29 physicians on March 31, 2009.

Figure 7 Distribution Full Time Equivalents by Affiliation



Sick Leave. Overtime and ECB Claims

In SEIU and OOS, Heartland employees experienced about the same number of sick leave hours per FTE (Figure 7) as was the Saskatchewan average (in brackets):

- SEIU: 86.50 hrs (90.28)
- SUN: 68.72 hrs (87.85)
- HSAS: 90.25 hrs (68.53)
- OOS: 40.91 hrs (46.80)
- Total (All affiliations): 80.90 (84.09)

SUN and HSAS union affiliations had significant differences from the provincial average. SUN recorded an average that was far below the provincial average. The region took proactive action to address the shortage of Registered Nurse (RN) relief staffing and to provide permanent RN employment opportunities in order to maintain current health care service levels. As of March 31, 2009, Heartland Health Region had implemented eleven permanent RN relief positions in the region. Success has been experienced with anticipatory hiring practices such as posting RN relief positions and permanent positions to replace temporary vacancies where it is unlikely the permanent incumbent will return to work. These RN relief positions helped to contribute to a lower number of hours in sick leave per FTE. HSAS was significantly higher than the provincial average because the number of FTE's in HSAS is very small so if one or two staff has a major illness or injury the number of hours is very high.

The region continued to offer out of scope employees the alternative work arrangements of a compressed work week and flexible work hours to enhance job satisfaction. Heartland's wage driven premium hours (40.97 hours per FTE) remained, on average, below the provincial average again this year. The provincial average was 52.20 hours per FTE. SUN was way below the provincial average and this is mainly due to the RN relief positions that were created in the region. HSAS was double the provincial level. EMS overtime is extremely high in the region as we have a very small number of FTE's in all of EMS. When there is a smaller number of FTE's, the potential for overtime becomes greater. The number of wage driven premium hours (overtime and other premiums).

- SEIU: 40.09 (50.62)
- SUN: 53.12 (87.48)
- HSAS: 56.95 (26.14)
- OOS: 1.63 (3.50)
- Total (All affiliations): 40.97 (52.20)

The number of lost time WCB claims per 100 FTE's in Heartland increased to 10.37 in 2008-09 from 6.34 in 2007-08. Heartland's lost time claims was higher than the provincial average of 6.93. This increase is due to more near misses being reported than before. The number of lost-time WCB days per 100 FTE's (329.59) was lower than the provincial level (447.17). Heartland's commitment to safe workplaces is clearly paying off, as employees experience fewer, less sever injuries; fewer lost days; and faster return to work.

Retention and Recruitment

Provincial recruitment grants contributed to new hires in Heartland Health region during this past year. During the 2008-09 fiscal year, 21 new employees received grants through the Relocation and Hard to Recruit Programs offered by the Ministry of Health.
Recruitment of nursing staff was less an issue this year than last, but retention continues to be a challenge, especially in small centres. A single retirement or illness leave can threaten a facility's ability to provide care. The region's Recruitment and Retention Coordinator attended or provided materials to a number of career fairs in Saskatchewan, as well as to international recruitment trips to the United Kingdom, the Philippines and Ireland.
Implementing the provincial New Grad Mentorship Job Program enabled us to host new grads and provide mentorship opportunities to 8 Heartland RN's. To date of writing, 6 of the new grads have secured employment with the region. Another tool the region is using for recruitment and retention is the implementation of entry and exit surveys of Heartland staff. This tool helps the region assess factors that contribute to both recruitment and retention.

The Region created a number of additional Relief RN positions in a variety of communities in the region. Permanent part-time and full time RN relief positions have been created in Davidson, Kerrobert, Kindersley, Rosetown, Biggar, Outlook, Unity and Wilkie. Some anticipatory hiring was also done where potential and upcoming vacancies were identified

Clinical Placements in many job classifications and Senior Assistant (nursing student) positions enable the region to highlight the positive aspects of living and working in Heartland and have proven to be a successful recruitment strategy. Heartland again partnered with the Nursing Education Program of Saskatchewan (NEPS), the Town of Eston and the Eston College to provide the Clinical Community Nursing class for fourth year nursing students for the fourth year in a row. The region also hosted two first-year medical students to complete clinical observerships through the Community Experience Program.

The Annual Employee and Physician Recognition Program provides an opportunity for celebration events and recognizes employees and physicians five year anniversaries of service with a gift. This year the region is recognizing the preceptors we have in the region for their contributions to recruitment. A positive experience with a preceptor can make the world of difference to a student being trained in their clinical placement. Preceptors are recognized on an annual basis with a token of appreciation. The region has also expanded their preceptor training opportunities for those who are interested.

Education
Regional support for maintenance and enhancement of staff knowledge and skills is provided with guidance from annual education plans for each health service. Distance to available education, and cost of certificate programs continue to provide challenges to staff access to ongoing education. Access to the telehealth and the telemedicine suites provides enhanced educational opportunities and professional support for staff. The two-day Regional Orientation Program is held monthly for all new employees utilizing the telehealth system. Some of the initiatives that the region utilizes to address access and support:

- Train the trainer programs that enable the region to have it's own regional trainers available to staff at each sites (TLR)
- Distance education such as videoconferencing, telehealth, self-learning packages

- Cooperation with community and provincial partners/programs – Regional Colleges, Sask Health, Saskatoon Health Region, Continuing Nursing Education
- Bursary programs (provincial) to assist staff in obtaining certification
- Bursary programs (regional) to assist staff in attending workshops
- Sask Health Workforce Planning Initiative Funding

The region was able to provide some education opportunities with the help of the Saskatchewan Health Workforce Planning Funding Programs. One of these educational opportunities was the Crucial Conversations training within the region.

Volunteer Services
Heartland continued to enjoy enhanced services to clients by over 1300 volunteers in this past year. Volunteers in our programs are of all ages, and provide an array of services in our health program areas – acute, emergency care, long-term care, home care, community services.

We continue to see a decline in both availability and numbers of volunteers for programs and are experiencing challenges in providing the requested levels of service in these areas. Youth involvement continues to provide enhancements and is a way to initiate young volunteers into service in their communities. These programs provide opportunities to our future volunteers and meet the needs of our clients.

Building a Culture of Safety

Falls Prevention
Numerous initiatives were carried out within the therapies program this past year. Community Therapy staff recruited community partners for health promotion programs in both falls prevention and chronic diseases management programs. Risk assessments were done in numerous venues – at flu clinics in partnership with the Public Health Nurses, at health fairs in different communities, and in seniors housing complexes.
Information booths were set up at health fairs, trade shows and other sites.

Falls Prevention Clinics in the form of a drop-in clinic were held in Rosetown and Biggar to try to promote safety and the prevention of falls in the senior population. An Injury Prevention Clinic for seniors was piloted in Rosetown on June 18, 2008. Professionals from Nursing, Home Care, Pharmacy, Physiotherapy, Occupational Therapy, Podiatry, Nutrition, and Active Living Coordinators from the Town of Rosetown and the Rivers West District for Sport, Culture and Recreation Association were all active participants. It was an excellent program, providing personalized advice to seniors to decrease their risk of injuries caused by a fall with the possibility of further follow-up with individual clients or groups.

A seniors' education program was developed – "Seniors…..Stay Fit, Stay Safe." It was a Falls and Injury Prevention Class to assist seniors to minimize the risks in their environment and lifestyle that could contribute to injuries from a fall. Seniors on the Move brochures and pamphlets have been developed. These brochures and pamphlets offer tips for prevention of falls in the senior population.

Emergency Preparedness

In order to move the Emergency Preparedness program forward, administrative assistance was provided to help complete the plans that were outstanding in the region. In 2008/09, the plans that had already been started were completed, and work commenced on the plans that weren't complete. By the end of the year, plans for all facilities and sub offices were mostly completed. There are very few plans left to complete.

To assist with ongoing demands for emergency preparedness, additional staffing of a half time Emergency Preparedness Officer was allocated to the program.

The Regional Pandemic Influenza Preparedness Committee completed a work plan that resulted in a draft Pandemic Plan. Committee members identified the necessity to test for gaps and needs in the plan by conducting a table-top simulation in 2008-09

Public Health Inspection and Outbreak Management

Compliance with the Tobacco Control Act among inspected public facilities in Heartland is anywhere between 95 – 99%. There were 25 tobacco control investigations completed with seven investigations related to specific public complaints. The Public Health Inspection (PHI) program has been busy in a variety of areas over the past year. The program saw an increase in the number of housing complaints and sewage disposal inspections to ensure public safety. There were over 200 plumbing inspection permits completed and approximately 125 sewage disposal inspections completed within the region.

Table 7 Summary of Public Inspection Levels	**2008-09**		**2007-08**	
	# of Facilities	**Inspection Rate (%)**	**# of Facilities**	**Inspection Rate (%)**
FEE – Food Eating Establishment	351	82	375	70
FPL – Food Processing (Licensed)	31	84	34	61
LA – Licensed Accommodations	119	80	134	75
SP – Swimming Pools (Licensed)	27	95	28	82
Public Water Supplies	82	78	80	48

Another impact to the PHI program has been the increased and ongoing demand for subdivision inspections. There were 100 subdivisions reviewed with many involving complicated issues such as shallow wells and close proximity to other dwellings.

The Public Health Inspectors continue to be involved in communicable disease investigation and follow up. They provided follow up for a variety of food-borne diseases such as salmonella, campylobacter, and giardia. They were also involved in the national recall and follow up in relation to the listeria situation last summer.

Health promotion continues to be a top priority for the PHI program. The PHIs delivered a variety of health education sessions, including four Swimming Pool courses, 18 Food Safety courses, three Temporary Food Permit presentations and numerous high school presentations on food safety.

Outbreak Management

The Outbreak control management policies had nine outbreaks in facilities for 2008/09 fiscal year – three of these were Respiratory outbreaks and six were Gastrointestinal outbreaks (lab confirmed Norovirus). These policies continue to be revised annually, to meet the needs of the facilities that refer to them during outbreak.

Infection Control

The health region hired a temporary full time infection control position from January 2008 until August of 2008 to address any Required Organizational Practices set out by Accreditation Canada. The health region implemented a permanent full time Infection Control Practitioner position to address the growing needs to address infection prevention and control issues in November of 2008.

There is a program in place for tracking, surveillance and reporting of healthcare acquired infections in the Heartland Health region. An education strategy is being developed around infection prevention and control issues such as hand hygiene, immunization, outbreak control, etc. An infection control audit has been developed and each site in the region will be audited for compliance with infection control policy and guidelines

Sterilization Committee

Heartland completed an audit of all autoclaves in use in the region. A working group completed the following tasks:

- Assessed current sterilization practices
- Ensured implementation of audit results
- Prepared a Business Case for future sterilization practice
- Established education programs
- Developed disinfection and sterilization policies for the region

The sterilization committee has been working towards meeting the accreditation Required Organizational Practises. In the past year there have been many things done within the sterilization committee. The committee continues to develop policies to continue to support best practice standards in house and those processed in an of site location.

A trial of disposable equipment will begin in 2009/2010 to move toward central sterilization sites in the Heartland Health Region. The Business Case to proceed with Centralization of Sterilization Practices is progressing; the transition to centralize, if chosen will occur in multiple stages to ensure patient care is safeguarded during this transition. Transportation options for centralized sterilization have been investigated.

A regular CSR audit has been developed for each site to complete to ensure the maintenance of standard practice within each CSR. The audits are followed up by one of the trained staff in the region. Education of staff is ongoing. Ongoing site education and reinforcement of best practice is provided on an ongoing basis for new staff and/or upon request.

Occupational Health and Safety

Safety of the worker has been an increasing area of focus as the region continues to strive to reduce injuries, and to maintain compliance with the legislated requirements associated with the provincial act and regulations. All Health Regions in the province have been provided with targets for improvement by provincial partners – Sask Health, WCB, Sask Labour. We continue to partner with these agencies, and with the support of SAHO Workplace Health and Safety to provide training to staff, identify key issues and actions to address. The ability to meet these targets are dependent on the ability of the region to provide human resource time and attention to implement processes and programs required by legislation and best practice to provide a work environment where 100% of our staff are working safely and free from injury.

Improved Safety and Surgical Equipment

Heartland Health Region had received funding from the Ministry of Health for safe lifting and surgical equipment late in the last fiscal year. These funds were used to purchase various kinds of lifts, bariatric equipment, ceiling track systems, power lift stretchers and slings and lifting sheets. Some of the money was targeted for surgical equipment and corresponding purchases have been completed. We received more than $543,000 for safe lifting late last year and we have been able to purchase more safety equipment for the Health Region facilities.

Creating Healthier, more Effective Workplaces

Efforts have been made to assist Heartland staff in facilitating healthy, supportive environments. This is of benefit to staff, management and to the Heartland residents who utilize services. For the third year, Heartland has provided a Healthy Workplace Grant opportunity for its worksites across the region. Initiatives that promote workplace wellness and/or physical activity and strengthening of the team are awarded funds to assist with their goals. This year 16 facilities applied and received $300 grants for their proposals for creating healthier, more effective workplaces. This past year's initiatives included the organizing of family days, workplace challenges and presentations to nurture the mind, body and soul.

Establishing Quality Performance and Expectations

Heartland Health Region participated in the Acute Care Patient Experience Survey coordinated through the Health Quality Council. The region scored higher than the provincial average in all categories of the survey.

The region submitted two reports in 2008 to the Canadian Council on Health Services Accreditation (CCHSA) as a condition of the June 2007 survey. The first of those reports, addressing 17 recommendations was submitted in to February 2007.

The Quality Improvement, Risk Management and Patient Safety (QRS) Committees continue with improvement activities and the QRS Council oversaw how the recommendations that required report were addressed. QRS Committees provide a regional focus on quality improvement, patient safety and risk management and ensure implementation, minimize duplication and enhance coordination of quality improvement, patient safety and risk management initiatives within the Heartland Health Region.

The region undertook a number of quality improvement initiatives during the year:

- Implementation of quarterly reports to the board on patient safety, including Critical Incidents, number of falls, medication errors and elopements; Safety Alerts handled; recommendations from investigations and follow-up; # client concerns received.
- Developed regional policy and procedure on disclosure, and developed and delivered an informational presentation on the disclosure process to the RHA, Regional Medical Advisory Committee, Out Of Scope employees, Regional and Community Quality, Risk Management and Patient Safety Committees.
- The region launched a process to monitor nosocomial and surgical site infection rates, and a draft education program for nursing staff and Care Team Managers on the new surveillance and reporting procedures.
- Work continues to ensure that all HHR sites are 100% compliant with conducting monthly fire drills, ensuring that drills are held on all shifts.
- A Quality Improvement Plan was developed for the health region to provide guidance in the quality work to be undertaken by the next Accreditation Survey in 2010. Recommendations from the 2007 survey formed the QI direction for the region for the three-year period 2007 to 2010.
- Progress has been made with completion and implementation of a regional infection control program which is appropriately resourced to support measurement and reporting systems, enhanced outbreak management, surveillance, and the tracking of infections and contacts.
- All medication areas including medication rooms and carts are appropriately secured to ensure that medications are safely stored.
- Annual sessions are being provided on patient safety to all staff and care/service providers, including focused areas within the organization.
- Care Team Manager and Registered Nurse relief positions to provide support for staff leaves (i.e. Vacation, etc).
- Completion of the Healthcare Insurance Reciprocal of Canada evaluation in order to provide baseline risk measurement.

Capital upgrades

The Provincial Government, Health Foundations and community donors play an important role in ensuring the provision of health care to the residents of Heartland Health Region. The region works closely with approximately seventeen community Foundations and Advisory Groups. In the 2008-09 fiscal year, Heartland Health Region saw record capital purchases being made and upgrades scheduled to happen in many facilities around the region.

During the past year, the region saw record capital purchases due to the receipt of money from the Provincial Safe Lifting Funds and VFA. Heartland Health Region spent over $4,000,000 on capital purchases. The Ministry of Health provided approximately $3.4 million dollars to the region for capital equipment purchases. The rest of the funding came through the Foundations ($405,267) and by various donations ($242,229). Without commitment from these funding sources, the region would not be able to purchase much needed equipment and make capital upgrades.

Late in 2007-08 the Region received $584,165 targeted for safe lifting equipment. These purchases were made in 2008-09. The region also received funding from the Ministry for equipment purchases that support the delivery of clinical systems such as Medical/Surgical, Patient Comfort & Safety, Laboratory and Information Technology. Heartland continued to upgrade the Diagnostic Imaging Equipment in Unity with dedicated money from the Government and also assistance from the Foundation. The communities of Unity and Biggar are fund raising for Digital Computed Radiography for their facilities. Rosetown was upgraded with Digital Computed Radiography in 2008. Further X-ray upgrades will be happening in the coming year. An ultrasound machine was purchased in Kindersley.

The provincial government announced funding towards three capital projects for Long Term Care replacement in the communities of Biggar, Rosetown and Kerrobert. These projects were announced by the Ministry of Health in February of 2009.

Making Ongoing Communication A Priority

The region has revamped the weekly newsletter and expanded circulation. The region has held staff consultations, and a town hall meeting. Senior Leadership has made an effort to have a consistent presence at regional staff and operational meetings. Efforts are made to work cooperatively and collaboratively with other regions and the ministry. Heartland worked collaboratively with intersectoral partners to identify and develop strategies to address health promotion and disease prevention issues. An example is the Risk Education and Assessment Program (REAP), through which the region provided assessment and public education around the management of chronic diseases like diabetes. Another is the Regional Intersectoral Committee (RIC), which includes representation from the R.C.M.P., Sun West School Division, the Rivers West District for Sport, Culture and Recreation Association, Great Plains Regional College, Department of Community Resources, Corrections & Public Safety, and Saskatchewan Crime Stoppers.

Providing Information Services

The Heartland Health Region (HHR) Information Systems department remains committed to providing our health care professionals with the instruments, information and assistance they require in order to provide the highest level of service to our clients and residents. In 2008/2009 we worked to fulfill the *Year 2* goals that were identified in our three year Strategic Plan (2007/2008 – 2009/2010). The Regions IS department supports these goals by aligning its projects and initiatives accordingly.

The Telehealth Program continues to grow. Telehealth services are now available in Kindersley, Rosetown, Outlook (added in 2008), and Unity (added in 2008). 62 clients utilized the services for clinical visits (886% of provincial target); improving access to programs such as Genetics Specialists and the Rural and Remote Memory Clinic. 373 hours of Professional Education was provided to staff (232% of target); such as Pediatric Surgery Case Conferencing and Resident/Physician Rounds. 110 hours of public education were provided (136% of target); in areas such as EMS International Trauma Life Support. We will

continue to look for opportunities to improve access to this service and expand the programming offered.

Clinical Systems have been implemented which will advance regional and provincial agendas toward a comprehensive Electronic Health Record (siEHR). The Client Patient Indexing (CPI) System was implemented in the Unity Health Centre. The Pharmaceutical Information Program (PiP) was rolled out to all Homecare Client Care Coordinators. The Region supported several provincial siEHR initiatives indirectly by participating in procurement, evaluation, and selection processes; these include the Physician Electronic Medical Record (EMR) System, the Laboratory Information System (LIS), and the Primary Health Care (PHC) System.

Digital Computed Radiography (CR) has been implemented in Kindersley, Outlook, and Rosetown. *CR* is a preliminary step towards the provincial Picture Archiving and Communication system (PACS). *Digital CR* is an industry standard which increases provider and patient safety while reducing risk by allowing X-Rays to be transmitted digitally for specialist review, reducing radiation exposure levels, and eliminating the requirement for film processing. Ultrasound services have also been incorporated enabling the same functionality.

Long Term Care services in the Kyle Health Centre benefited from the implementation of the Care Organizer Charting system. This system is designed to minimize delays in treatment and resource utilization while maximizing the quality of resident care.

Information Technology continues to advance at a rapid pace (not only regionally, but globally). Advancements were made in several areas in order to guarantee current service levels and improve system processes. A Service Management System was implemented that monitors Help Desk Requests, tracks IT Assets (computers, printers, copiers), and facilitates planning. This translates into better departmental performance and alignment with service expectations. Data Centre and facility-specific infrastructure was replaced in order to improve systems management, availability, and performance. Telecommunications (Phone) systems were replaced in the communities of Outlook and Kindersley.

Public Confidence, Accountability and Transparency

Providing clear, relevant, honest and timely information to stakeholders is an organizational priority for Heartland Health Region. The regional Communications Plan continues to give direction to the region, and focuses on reputation management, enhancing public confidence, improving public access to information, and issues and concern handling.

As important allies for relaying corporate, program and service information to the public, the region maintained and nurtured positive relationships with the media. Heartland collaborated with the Minister of Health and other Regional Health Authorities on a variety of provincial communications efforts. The Coordinator of Communications participated in weekly Joint Communications Committee conference calls and quarterly meetings. The RHA website is regularly updated to share information with employees, physicians and the public. All public

documents, including media releases, publications and authority minutes are available on the website, as well as by request to Corporate Office.

The region undertook specific activities to address public confidence during the year:

- The weekly "internal" newsletter (the Heartland Beat) was revamped (the Link) in order to facilitate better communication and encapsulate a wider readership (Staff, Clients, Foundations, Community, etc);
- Staff and Community Consultations were conducted in order to discuss important initiatives (Capital Projects);
- Heartland has made a concerted effort to have meaningful working relationships with various stakeholder groups (West Central Municipal Government Committee, Great Plains College, School Divisions);
- Regular meetings and collaboration with local media on several pertinent topics including outbreaks, service changes, and project/initiative updates.

Future Outlook/Emerging Issues

Primary Health
The development of four Primary Health Care Services within Heartland sets the stage for service delivery and development over the next years. The infrastructure will continue to develop to support this style of service. Communities will be educated to understand and use Primary Health services.

Team Development Facilitators, Healthy Living Experts (Chronic Disease Management), Communications personnel will be the catalysts that move Heartland from an ordinary health region to one on the cutting edge of rural wellness and health care.

It appears that economic growth is occurring in Heartland, as it is across the province. This growth is predicted to continue into the future. New and different needs will be identified as populations grow and change with economic and industrial change. Heartland's Primary Health Care Services Areas are designed to respond quickly to newly identified needs within their boundaries. Over time, the PHSAs will develop service "personalities" that reflect the unique needs of the area while still ensuring the provision of core health services.

Technology will continue to enrich the quality and access of health care. Full implementation of the Electronic Health Record is a development that Heartland anticipates with unbounded enthusiasm.

Human Resources
There are national and international shortages of health care professionals. With relatively small facilities and services, and in hard-to-recruit classifications, a single retirement, resignation, injury or illness can create significant challenges and may even, at times, precipitate a temporary service disruption. When recruiting to rural Saskatchewan we face increasingly competitive employment strategies from urban areas & other provinces, along with challenging demographic trends. We have an ageing workforce in healthcare and that is a challenge as retirements are inevitable in the near future. We also have a predominantly female workforce with related work/family balance pressures that present many challenges in achieving a work-life balance.

Recruitment has been a challenge in Heartland, but the provincial incentives coupled with the promised prosperity of the province have done much to address that issue. Retention is also a challenge. Ways must be found to facilitate the retention of employees nearing or entering retirement.

Communications and Public Confidence
Communications is always a challenge. Heartland will need to address both internal and external audiences. Internal audiences need to have opportunities to adapt to a new and changing culture. Individuals need to learn about safety, team work, and patient-centred services. Communities need to learn about health care as it is provided today – by a wide and diverse range of human service providers who work collaboratively toward health living, illness prevention, and treatment when required. Nurses and doctors, although incredibly

important players in a health system, are just two parts of the complex, multifaceted system that provides health care to Saskatchewan citizens.

Communities need information about pending changes in the system. Resource reallocations can cause a great deal of angst within a community. Early, transparent and frequent dialogue must occur.

A Culture of Safety

Safety continues to be a key strategic goal for the region. A recent survey indicated that 83% of employees identify "Safety as Important or Very Important" in their workplace.

Several projects are underway in order to enhance safety throughout the region both for staff and patients alike. Required organizational practises for infection control, Accreditation recommendations such as Medication Reconciliation, and a provincial Senior Falls and Injury Prevention Reduction program (to name a few) will all contribute to a safer region for everyone.

Key to Heartland's forward motion is the continued evolution of the Culture of Safety in both the organization and the community. The result will be reduced human, organizational and community costs (financial, quality of life, etc.) associated with 'accidents", and unintentional injury. Not all of these costs can be measured and financial gains are not immediate.

Quality

Maintaining a quality, sustainable infrastructure in Heartland continues to be a challenge. A "blueprint" of the ideal services provided in, and resources allocated to, each Primary Health Service Area is being developed. Each PHSA will meet the unique needs of the area, while ensuring that a common suite of health services are equally available to all Heartland residents no matter where they live. Completion of this blue print will permit the region to move forward in identifying which sites, which services, which professionals are required in each area.

Quality Improvement, Risk Management and Patient Safety are major themes that need to be addressed into the future. More time, more information, more resources are required to do this effectively. The region will need to find the means to meet these needs. The Vice-President of Health Services has been seconded for a six-month period to lead the region in participation in Quality as a Business Strategy (QBS) – an initiative of the Health Quality Council.

QBS is an opportunity for senior management and board members to work together while learning to lead the integration of quality into the health system. The program provides leaders with the tools to advance and connect quality with financial oversight and to sustain improvements toward the organization's strategic aims. It provides a forum for leadership from across the province to come together to discuss key issues related to quality, including strategic execution, policy barriers and facilitators, measurements, engagement and more.

QBS is designed to foster shared learning among health system leaders as they strive to integrate management for quality into their organizations.

Governance and Transparency

Heartland Regional Health Authority has completed its seventh year of operation. A twelve-member Regional Health Authority (RHA) serves the region. The authority is responsible to ensure the planning, organizing, delivering, monitoring and evaluation of health services delivered in the region. From April through January the Board consisted of Chairperson Lyle Leys, Vice Chairperson Betty Shapka, Cindy Hoppe, Wayne Vaxvick, Carey Howie, Erhard Poggemiller, Gary Johnson, Les Langager, William (Bill) Sittler, Eve Wagner, Don Leitch and George Siemens. The Minister of Health appointed new members in February 2009. They include Chairperson Richard Anderson, Vice Chairperson Lorreen Ilott, Gary Allan, Hazel Lorenz, M.L. Whittles, Loretta Goring, George Siemens, Gary Groves, Lyle Rankin, William (Bill) Sittler, Richard MacDougall and Lyle Leys.

Figure 8 Former Board April 1, 2008 – February 2009

Back Row (L-R): Bill Sittler; Cindy Hoppe; Erhard Poggemiller; Gary Johnson; Wayne Vaxvick.
Second row (L-R): Les Langager; Eve Wagner; George Siemens. Front Row (L-R): Carey Howie; Lyle Leys, Chair; Betty Shapka, Vice-Chair.
Missing: Don Leitch

Figure 9 New Board as of February 2009
Back Row (L-R): Hazel Lorenz; Gary Allan; Richard Anderson, Chair; Middle Row (L-R) M.L. Whittles; Lorreen Illott, Vice-Chair; Lyle Leys, Loretta Goring
Front Row (L-R): George Siemens; Gary Groves; Lyle Rankin.
Missing: top Richard MacDougall, bottom Bill Sittler

Policy Governance
The RHA uses an adapted policy governance model that strengthens and advances interdependent relationships among the Authority, regional stakeholders and Heartland's

President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process.

Roles and Responsibilities

As defined by Ministry of Health's *Roles and Expectations Document*, the RHA must meet expectations in six (6) key areas: Strategic Planning; Fiscal Management and Reporting; Relationships; Quality Management; Monitoring, Evaluation and Reporting; and Management and Performance. The annual Accountability Document provided by Ministry of Health also identifies specific program and service expectations for the health region.

The President/CEO reported to directly to the RHA about general and daily operations of the health region. The Senior Leadership Team, comprising five vice-presidents, the Senior Medical Officer and the President/CEO, met frequently, and were responsible for planning, integrating and delivering health services throughout the region.

The Regional Operational Planning Team (OPT), comprising key OOS managers and leaders, met monthly to access an organizational cross section of expertise that ensured broad-based input into decision making, action plan achievement and performance monitoring.

Committee Structure

To support the Authority in fulfilling its responsibilities, it has established three standing committees:

- Executive Committee – Comprising three (3) authority members (Chair, Vice-Chair and one (1) additional member) and the President/CEO, this committee attends to emergent issues when a full quorum of the Authority cannot be gathered.
- Internal Audit Committee – Comprising five (5) authority members, this committee attends to matters of compliance and quality that reflect effective, efficient, transparent and accountable governance.
- Ethics Advisory Committee – Comprising authority members, staff and volunteers, this committee addresses Ethical Treatment and Services, Ethical Research, Ethical Decision-making and Resource Allocation, and the establishment of an Ethics Consultation Service for patients, clients and staff.

Commitment to Public Transparency

Heartland shared critical information to help the public to understand issues affecting the delivery of health services and programs in the region. Monthly meetings of the Authority are open to the public, and local media regularly attended and reported on decisions and discussion. A media release issued following each regular Authority meeting highlighted discussions, decisions and presentations. The region also published all public documents, as well as various regional documents on its corporate website.

Heartland began to implement a three-year Strategic Plan ratified by the Board in January 2007. A Strategic Plan Targets Report was developed to identify high-level outcomes for each organizational priority and objective. The document is updated annually to report progress toward strategic goals to the board.

The region has expanded its distribution list when sending materials such as press releases and public information to include all stakeholder groups. Correspondence is shared with all staff, West Central Municipal Government, Affiliates, Regional Foundations, Partnerships and the media.

Payee Disclosure Lists

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. The Payee Disclosure Lists for all Regional Health Authorities are available on the Ministry of Health website at www.health.gov.sk.ca.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total $50,000 or more.

ABBOTT	JEANETTE	$ 65,833	BOWMAN	DEBRA	65,608
ADAMOWSKI	GAIL	100,753	BOYLE	ALAN	78,410
ANDERSON	BRENDA	80,151	BOSCH	JOANNE	53,004
ANDERSON	WENDY	55,807	BRENNER	RICHARD	77,623
ANDREWS	JACKLIN	83,080	BREWER	DIANE	69,370
ANDREWS	WENDY	54,901	BRIGHAM	WENDY	90,315
ANGELOPOULOS	JOSEPHINE	92,861	BROWN	BARBARA	70,405
ANHOLT	GARY	63,203	BROWN	CORINNE	69,416
ANHORN	PATRICIA	58,952	BROWN	BONNIE	70,245
ARTYMOVICH	MARJORIE	56,542	BUCKTON	MICHELLE	70,138
BACHMAN	TAMMY	50,686	BROWN	SANDRA	53,833
BOUCHER	COLLEEN	93,245	BROWN	WANDA	78,507
BARKER	DOUGLAS	58,278	BUECKERT	AUDREY	88,049
BARTKEWICH	DARRYL	69,248	BUTT	SHARON	57,427
BRATTLAND	JAYNE	50,759	CAMPBELL	DEANNE	61,834
BARTLETT	RHONDA	65,695	CAMPBELL	TRINA	77,340
BASLER	CAROLYNE	53,575	CAMPBELL	DEANNE	60,970
BEAMAN	MARILYN	68,946	CARNEGIE	LORENA	53,004
BECKER	LINDA	105,834	CARRIERE	JEAN	51,154
BEDIER	LOUISE	75,067	CAVE	DANIELLE	65,989
BELAK	RONALD	54,402	CHAPMAN	JULIE	62,598
BELL	BETTY	60,212	CHENEY	ALICIA	67,603
BECKER	ANIKA	69,702	CHOLIN	SHANNON	75,914
BENCHARSKI	PATRICIA	69,652	CHEYNE	JAMES	85,165
BENTZ	STACY	55,513	CLARK-WATSON	GLENDA	70,025
BERIAULT	DORIS	74,955	CHRISTENSEN	ELIZABETH	54,119
BECKER	CHRISTOPHER	62,182	COCHRANE	CARRIE	52,631
BLANCHETTE	DEBRA	92,905	COLE	KAREN	81,442
BLODER	JANET	68,053	COOL	GLORIA	101,503
BLACKWELL	TAMMY	91,919	CORDES	SANDRA	51,312
BOKITCH	ALLISON	69,920	COWELL	BARBARA	76,569
BORNE	RODNEY	76,813	CRICKETT	VALERIE	89,300
BOSCH	STACEY	138,631	CUPPLES	STEVE	74,631
BOTHNER	CHARLOTTE	61,251	DANYLCZUK	RENEE	84,674

DAVID	LAURA	69,017	HEIDT	TRACY	73,869
DAVIDSON	LEEANN	89,656	HELMAN	MARIE	56,186
DEGENSTEIN	ROBERT	73,356	HERMANSON	RUTH	83,340
DEIBERT	KERRY	92,008	HIEBERT	ELIZABETH	50,104
DEMOISSAC	LORRAINE	64,270	HILL	CAROL	94,282
DENNEY	JANE	53,291	HOEHN	CAROL	58,674
DESROSIERS	WANDA	108,773	HOFER	FAYE	87,633
DIES	ANN MARIE	96,656	HOFFMAN	LORNA	55,129
DUERKSEN	LORETTA J	77,539	HOGAN	KAREEN	62,693
DOETZEL	ALICIA	54,572	HOGG	DARLENE	60,180
DOLEGA CIESZKOWSKI	JADWIGA	55,392	HOLLER	BERNIE	77,711
DUPUIS	JO-ANN	78,922	HOLTON	IAN	74,727
EARL	LORIANNE	52,624	HORN	VIRGINIA	83,940
EDBOM	ROBERT	94,823	HUBER	LOIS	77,117
EDMONDS	ANNEMARIE	73,064	HUBER	CAROL	64,208
ELLIS	MICHAEL	52,772	IRELAND	EILEEN	50,904
ETSELL MCLEOD	ELAINE	82,962	IRELAND	SCHARLENE	73,857
EYOLFSON	JILL E	78,451	JACKSON	LINDSAY	75,480
EYRE	GWEN	60,592	JENNETT SWINSON	ANNABELLE	54,402
FAGNOU	JULIA	95,150	JANSEN	SANDRA	58,307
FELTIS	ELAINE	99,919	JOHNSON	KATHRYN	65,005
FISHER	MARY PAT	79,499	JOHNSTON	KIM	58,201
FLAD	MELONI	53,244	JONES	KATHY	80,951
FLYNN	RENEE	54,127	KACHUR	JODIE	64,029
FRERICHS	JENNIFER	70,962	KAUTH	PAMELA	52,141
FRITZ	MARION	100,652	KELLY	KEN	53,268
FROYSTAD	LISA	54,843	KAPELL	KEVIN	59,403
GATES	FRANCE	52,675	KEMBEL	KELLEY	76,151
GEORGE	DOREEN	78,517	KERNOHAN	BEVERLY	79,415
GEREIN	JACKIE	66,448	KIRKNESS	BRIAN	56,147
GEREIN	NICOLE	65,763	KNORR	NANCY	88,016
GILCHRIST	MARTHA	79,958	KISSICK	KAREN	50,210
GLASSFORD	CARRIE	96,762	KOENDERS	KRISTA	86,026
GLESSING	CAROLYN	135,924	KOHLMAN	LYNDA	52,893
GOETTLER	DIANE	54,241	KOKESCH	MEGAN	75,352
GOTTFRIED	ADELINE	54,153	KOOP	CAROLYN J	80,599
HABERMEHL	PATRICIA	67,209	KOSHINSKY	MELISSA	55,715
HADUIK	CONNIE	86,436	KREKOSKI	GAIL	72,433
HALDE	SERGE	72,402	KROGSTAD	VIVIAN	107,171
HARTSOOK	REID	56,322	KRONBERG	DIANE	74,497
HAUBRICH	KATRINA	62,741	KRUESEL	NORMAN	73,819
HAUBRICH	SHARON	83,904	KUNTZ	SYLVIA	79,742
HAWKINS	ERIN	57,170	KURULAK MILNE	DEBORAH	74,946
HAYES	BRENT	89,493	LANGAGER	JUDY	75,473
HAYNES	BARBARA	65,992	LANGE	PATRICIA	70,621
HAZEL	GLENDA	52,153	LARSEN	LINDA	74,015
HEALEY	COLLEEN	69,938	LAUGHREN	LAURIE	55,816
HEALEY	SHERRI	69,775	LAVIGNE	BEVERLEY	103,303

LEWIS	KATHY	53,469	ORTMAN	ANDREW	58,559
LI	ESTHER	52,066	PAJUNEN	SHEILA	136,023
LILBURN	CHRISTINE	91,857	PALMER	CATHERINE	80,280
LINDEMANN	DEBRA	59,53	PANGMAN	AMANDA	67,577
LOITZ	TERRIE	54,251	PAPROSKI	LEANNE	52,037
LONGTIN	CATHY	69,434	PARK	GLORIA	58,473
LOW	BONNIE	77,902	PARKINSON	SHIRLEY	80,375
MACRAE	JOAN	96,891	PAVLOFF	MICHELLE	58,797
MAGNUS	MARILYN	65,108	PELLETIER	GRACE	52,717
MAHARAJ	MONA L	87,697	PIERREPONT	WAYNE	98,866
MAHARAJ	SUBHAS	82,954	PLATZKE	CHELSEA	59,619
MATLOCK	CAROLYN	53,302	POITRAS	CHARMAINE	81,907
MASSIE	LESLEY	55,346	POLETZ	DENISE	71,188
MANN	GAYLEEN	73,148	PRINCE	JOHN	79,016
MARCHUK	ANDREA	77,638	PURCELL	LINDA	88,185
MARTIN	MONANNE	59,383	RANKIN	ANNE	74,029
MARTIN	SHERRY	63,234	READ	RUTH	91,382
MAY	CARLA	86,873	REDDEN	DEBBIE	77,984
MCADAM	CALI	56,906	REINIGER	AMY	59,878
MCCONNELL	SYLVIA	62,173	REITER	DON	50,120
MCCORMICK	ANN	65,398	RHODES	CAROL	99,373
MCCORMICK	KAREN	56,834	RIENDEAU	GAYLE	112,129
MCDONALD	BRENDA	73,357	RINGROSE	CATHY	105,052
MCFARLANE	PATRICIA	50,069	RITCHIE	ADELE	100,224
MCGREGOR	BREANNE	53,248	RITCHIE	DAWN	63,236
MCINTOSH	MARY	59,526	RITTER	MONICA	62,779
MCKENZIE	VALERIE	57,354	RITZ	SUSAN	76,448
MCLEOD	ROSEMARY	52,017	ROBINSON	DEBORAH	96,783
MERKEL	GORDON	82,529	ROBSON	SHELLY	96,062
MESCALL	AUDREY	70,379	ROSZELL	JOAN	71,426
MESCHISHNICK	MICHELLE	78,575	ROTH	KATHY	66,518
MEYER	JANICE	80,335	RYAN	CAROL	80,257
MEYER	NORMA	61,370	RYSAVY	BEVERLEY	78,170
MILLER	E RUTH	98,186	SALEWSKI	DANA	69,637
MILTON	DEBBIE	86,118	SANVILLE	ANNEMARIE	52,628
MOORE	BRENDA	57,376	SCHIERLING	JENNIFER	55,254
MOORE	SUSAN	101,162	SCHIMPF	JOANNE	60,000
MORESIDE	DIANNE	77,933	SCHMIEDGE	ADRIAN	74,386
MORHART	NICOLE	72,132	SCHOLER	BRENDA	92,470
MOSKALYK	STACY	60,736	SCHWAB	MICHELLE	68,198
MUNRO	JEANNIE	106,328	SCHWARTZ	BERNIE	107,248
NELSON	SHELLY	80,458	SENGER	DIANA	71,756
NEUMEIER	BRENDA	70,626	SERFAS	KAREN	111,925
NICKEL	MELVIN	63,461	SERFAS	MAUREEN	67,189
NISBET	CARA	68,317	SHEREMETA	DONALD W	64,469
NODWELL	CARLA	51,144	SIBLEY	TANISLEI	64,400
OLSON	PATRICIA	67,250	SIMONSON	SUSAN	70,501
OLSON	SHERRYL	64,167	SINCLAIR	AGNES	69,177

SINCLAIR	VALERIE	65,842	VOLK	DONALD	68,557
SMITH	DARLENE	83,805	WAGNER	LESLIEANN	80,639
SMITH	SANDY	59,572	WAITE	DONNA	67,019
SMITH	WENDY	77,278	WALKER	CHERYL	61,227
SNIDER	HEATHER	59,343	WALKER	EVELYN	83,815
SPERLE	NOLA	53,822	WARD	TENEIL	52,896
SKJERVEN	CRYSTAL	53943	WARKENTIN	SHERI	56,218
SLOMAN	DIANNE	56,698	WARREN	LYNNE	68,955
SPERLE	AMBER	54,167	WASKO-LACEY	LINDA	135,900
SPROULE	GWEN	67,752	WEBER	TRAVIS	105,088
SPROXTON	LEFA	157,541	WEBER	DAWN	57,243
ST JOHN	SUZIE	73,399	WEBSTER	LINDA	89,166
STABBLER	LEONA	57,951	WEISZ	THOMAS	76,831
STANLEY	LEESA	99,209	WELLS	BONNIE	63,530
STEWART	WILLIAM	54,904	WELLS	SHIRLEY	76,173
STOLZ	JENNIFER	63,819	WELLS	STACEY	60,121
STOPANSKI	VALERIE J	72,413	WERSCH	KEN	95,167
STOREY	CRYSTAL	55,810	WESTON	MARLENE	93,365
STORY	TERRI	65,104	WIEBE	DIANNE	81,093
STRATTON	CARLA	74,859	WIENS	CHRISTINE	89,080
SUTHERLAND	DONNA	109,315	WIENS	LAURIE AN	54,212
SWITZER	GLORIA	56,884	WILDEMAN	BERNIE	76,801
TORRENS	LORRAINE	53,502	WILLIAMS	MARILYN	78,907
TERNES	DALE	110,200	WILSON	DIANNE	56,233
TOLLEFSON	CHRISTINE	60,876	WINNY	JOANNE	54,422
TORRANCE	CAROLYN	76,361	WINNY	TERESA	64,111
TRUMBLEY	BETTYANN	100,556	WISTE	SHEILA	77,476
VAN SEGGELEN	DEBRAH	67,010	WOJNAKOWSKI	ELIZABETH	74,191
VASSEUR	JHALENE	51,843	WYLIE	JACQUELIN	95,941
VANTHUYNE	MARLENE	78,272	WINTONYK	DAWN	52,430
VAVRA	DONNA	81,165	YOUNGSTROM	ELAINE	50,210
VAXVICK	JEAN	62,759	ZIMMER	ANDREA	54,431
VOLK	BEVERLEY	68,465			

Payee Disclosure List: Transfers	
Listed, by program, are transfers to recipients who received $50,000 or more.	
BRIDGEPOINT	$ 506,962
ST. JOSEPH'S HEALTH CENTRE	1,798,010
Payee Disclosure List: Supplier Payments	
Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.	
A1 POWER DOOR LTD	$ 121,375
ADVANCED RESPONSE VEHICLES INC	179,166
ARJO CANADA INC.	206,476
ASSOC. RADIOLOGISTS OF S'TOON	214,294
BECKMAN COULTER CANADA INC.	114,880

BEECHY/DEMAINE EMERGENCY SERVICES	116,781
BUNZL CANADA - OAKVILE	85,365
CAN-med	89,068
DAIRYLAND FLUID DIVISION LTD.	125,794
DEPARTMENT OF PROPERTY MANAGEMENT	595,192
DOMCO CONSTRUCTION INC.	1,586,817
DR. DAVE LEDDING	65,675
EATONIA OASIS LIVING INC.	105,538
EXECUTIVE SOURCE INC.	58,079
FLAWLESS FLOORING SERVICES	54,984
FUTUREMED HEALTH CARE PRODUCTS	126,047
GRAND & TOY	286,874
HEALTHCARE INBSURACNE RECIPROCAL OF CANADA	75,731
HILL-ROM CANADA	68,920
HIROC INSURANCE SERVICES LIMITED	175,415
HOSPIRA HEALTHCARE CORPORATION	153,401
JAYS MOVING AND STORAGE LTD.	101,435
JOHNSON & JOHNSON	439,457
KPMG	79,750
LUK PLUMBING AND HEATING LTD.	69,310
M.D. AMBULANCE & CARE LTD	91,539
MCKESSON CANADA	152,223
MEDTRONIC OF CANADA LTD	58,453
PERIDOT MEDICAL INC.	327,530
PHILIPS MEDICAL SYSTEMS CANADA	704,809
PINNACLE DISTRIBUTION INC.	61,891
PLAINSMAN HVAC-R LTD.	53,626
PRAIRIE MEATS	54,729
PRAIRIE NORTH HEALTH REGION	139,666
QUEEN STREET DIAGNOSTIC IMAGING	52,827
RCDP / CPDN	239,602
ROCHE DIAGNOSTICS	63,906
SASK ASSOC. OF HEALTH ORGAN.	317,396
SASK ENERGY	824,363
SASK POWER	735,043
SASK TEL	464,102
SASKATCHEWAN PROPERTY MANAGEMENT CORPORATION	585,935
SASKACHEWAN HEALTH	60,024
SASKATCHEWAN REG. NURSES ASSOC	125,341
SASKATOON HEALTH REGION	392,706
SCHAAN HEALTHCARE PRODUCTS	854,011
SIMPLEX/GRINNELL	54,482
SOURCE MEDICAL CORPORATION	71,422
STERIS CANADA INC.	68,748
STONE HUTCHINSON ARCHITECTS LTD.	56,933
STRYKER CANADA	168,623
SYSCO FOOD SERVICES OF REGINA	827,61
THE STEVENS COMPANY LTD.	81,946

TOWN OF KINDERSLEY	70,456
VITAL AIRE	121,003
WBM OFFICE SYSTEMS	197,486

Payee Disclosure List: Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

CCRA-CPP	3,982,152
CCRA-EI	1,696,767
CCRA-INCOME TAX	10,222,395
GREAT WEST LIFE ASSURANCE CO	385,206
HEALTH SCIENCES ASSOC OF SASK	72,804
PUBLIC EMPLOYEE PENSION PLAN	87,116
SAHO - DENTAL PLAN	659,461
SAHO - DISABILITY INCOME PLAN	1,132,541
SAHO - EXTENDED BENEFITS PLAN	1,372,990
SASKATCHEWAN UNION OF NURSES	213,031
SEIU	476,778
SHEPP - PENSION PLAN	5,548,949
WCB	860,957

2008-09 Performance Management Summary

The Performance Management Accountability Indicators table provides information on RHA's performance relative to indicators defined by Ministry of Health and outlined in the objectives of Saskatchewan Health, as well as a Financial Summary. It serves as a reference tool for the RHA in reporting on and interpreting the indicators in the 2008-09 Accountability Document. The Accountability Document, in turn, provided the framework for Heartland's Performance Plan, and is the tool by which the region's management provided quarterly reports to the Authority on progress made toward priorities identified by the province and the region.

The source of data for the RHA information is Ministry of Health. The information in the provincial comparison and Provincial Range columns has been provided by Ministry of Health. This information enables comparison between the RHA and the other regional health authorities in the province. For further information on technical interpretations and definitions of the indicators below, refer to the *Performance Management* document on the Ministry of Health website at www.health.gov.sk.ca.

Indicators that are not relevant to RHA have not been included in this Summary, nor have indicators that have yet to be developed.

Indicator		RHA Value	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2008/2009*	Provider Unions (CUPE, SEIU, SGEU)	10.9	*to be determined*[3]
	HSAS	13.5	*to be determined*[3]
	OOS/OTHER[1]	0.6	*to be determined*[3]
	SUN	14.1	*to be determined*[3]
	RWDSU[2]	*not applicable*	*to be determined*[3]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2008/2009*	Provider Unions (CUPE, SEIU, SGEU)	24.0	*to be determined*[3]
	HSAS	20.6	*to be determined*[3]
	OOS/OTHER[1]	6.2	*to be determined*[3]
	SUN	17.2	*to be determined*[3]
	RWDSU[2]	*not applicable*	*to be determined*[3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs)[12] *2008/2009*		4.2	*to be determined*[3]

Indicator		RHA Value	Target
Number of lost-time WCB days per 100 full time equivalents (FTEs) [12] *2008/2009*		138.2	*to be determined* [3]
Surplus (deficit) *2008/2009*		$1,027,226	Balanced Budget
Surplus (deficit) as a percentage of actual operating expenditures *2008/2009*		1.3%	Balanced Budget
Number of days able to operate with working capital *2008/2009*		6.2	*Improve working capital*
Expenditures in program support funding pool as a percentage of total RHA operating expeditions		4.8%	*Hold program support to less than 5%*
Key activities undertaken by RHA to address public confidence reported *2008/2009* *[yes/no indicator]*	Q1	Yes	Significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes	
	Q3	Yes	
	Q4	Yes	
Number and percentage of surgical cases on wait list that have already waited over 6 months [4] *2008/2009*	Number	1	*not applicable*
	Percentage	2.4%	*to be determined*
Number and percentage of surgical cases on wait list that have already waited over 12 months [4] *2008/2009*	Number	0	*not applicable*
	Percentage	0.0%	*not applicable*
Number and percentage of surgical cases on wait list that have already waited over 18 months [4] *2008/2009*	Number	0	0
	Percentage	0.0%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames [4] *2008/2009*	Priority Level I within 3 weeks	66.7%	95%
	Priority Level II within 6 weeks	0.0%	90%
	Priority Level III within 3 months	100%	90%
	Priority Level IV within 12 months	100%	90%

Indicator		RHA Value	Target
Cumulative number of surgical cases performed as a percentage of target and variance from target[4] *2008/2009*	Percentage of target	136.2%	100%
	Variance from target	94	260
Average wait time for admission to alcohol and drug outpatient services[7] (in days) *2008/2009*		8.8	*to be determined*
Percentage of RHA population with geographic proximity to primary health care teams *March 2009*		11.7%	25% of the provincial population
Number of discrete clients receiving primary health care services in the RHA *2008/2009*	Q1	1000	*not applicable*
	Q2	1065	
	Q3	1125	
	Q4	1418	
Number of persons receiving a service from HealthLine for the RHA *2008/2009*	Q1	1000	*not applicable*
	Q2	876	
	Q3	1037	
	Q4	744	
	Year as a whole	3657	
Infant mortality rate per 1,000 live births[9] *2002-2004*		5.5	*to be determined*
Life expectancy (at birth)[5] *2001*[11]	Males	75.6	*to be determined*
	Females	81.9	
Life expectancy (at age 65 years)[5] *2001*[28]	Males	16.3	*to be determined*
	Females	20.0	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[5] *2005*[16]		54.94	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[5] *2005*[16]	Overweight (BMI 25.0-29.9)	34.79	*to be determined*
	Obese (BMI 30.0+)	18.63	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[5] *2005*[16]	Active / moderately active	47.14	*to be determined*
	Inactive	51.33	

Indicator	RHA Value	Target
Age-sex adjusted diabetes prevalence rate per 1,000 population[11] *2005/2006*	51.0	*to be determined*

Notes:
Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

2 The RWDSU category is applicable to Regina Qu'Appelle only.

3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

4 The 2008/2009 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

5 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

6 The most recent Canadian Community Health Survey (CCHS) data is Cycle 3.1 (2005). Therefore, the results are the same as those reported for 2006/2007.

7 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

8 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006 and 2006/2007.

9 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006 and 2006/2007.

10 Statistics Canada calculates this measure every 5 years, based on the latest census (2006). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

11 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

12 The extremely volatile nature of injury makes quarterly or monthly comparisons difficult. Comparison between "Frequency" and "Severity" is not possible as they are concurrent but not fully interrelated events. Frequency captures the number of claims made in a month, while Severity captures the number of WCB days paid to employees in a month.

Management Report

April 30th, 2009

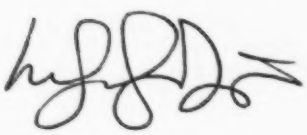
Heartland Health Region
Report of Management

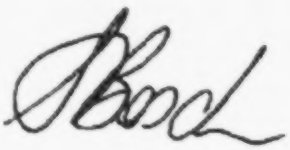
The accompanying financial statements are the responsibility of management and are approved by the Heartland Regional Health Authority. The financial statements have been prepared in accordance with the Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.





Lefa Sproxton
Chief Executive Officer

Stacey Bosch
VP of Corporate Services

Auditor's Report

Financial Statements of

HEARTLAND REGIONAL HEALTH AUTHORITY

Year ended March 31, 2009

KPMG LLP
Chartered Accountants
600-128 4th Avenue South
Saskatoon Saskatchewan S7K 1M8
Canada

Telephone (306) 934-6200
Fax (306) 934-6233
Internet www.kpmg.ca

AUDITORS' REPORT TO THE AUTHORITY MEMBERS

We have audited the statement of financial position of Heartland Regional Health Authority as at March 31, 2009 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

KPMG LLP

Chartered Accountants

Saskatoon, Canada
April 30, 2009

KPMG LLP, is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International, a Swiss cooperative. KPMG Canada provides services to KPMG LLP.

2008 – 2009 Financial Statements

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Financial Position

March 31, 2009, with comparative figures for 2008

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2009	Total 2008
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 10,321,596	$ 44,253,239	$ 42,145	$ 54,616,980	$ 11,849,002
Accounts receivable					
Saskatchewan Health	161,834	541	-	162,375	484,941
Other	750,085	183,896	-	933,981	1,049,852
Inventory	1,124,619	-	-	1,124,619	1,109,238
Prepaid expenses	402,798	-	-	402,798	466,861
	12,760,932	44,437,676	42,145	57,240,753	14,959,894
Investments (Schedule 2)	1,468,495	313,898	-	1,782,393	1,676,963
Capital assets (Note 3)	-	37,041,997	-	37,041,997	37,304,925
Total Assets	$ 14,229,427	$ 81,793,571	$ 42,145	$ 96,065,143	$ 53,941,782
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 2,628,118	$ 317,973	$ -	$ 2,946,091	$ 3,729,423
Accrued salaries	3,138,266	-	-	3,138,266	2,841,452
Vacation payable	5,400,264	-	-	5,400,264	4,957,120
Mortgages payable – Current (Note 5)	-	453,096	-	453,096	431,589
Long term debt - Current (Note 6)		71,942		71,942	70,470
Deferred Revenue (Note 7)	1,682,929	-	-	1,682,929	1,496,837
	12,849,577	843,011	-	13,692,588	13,526,891
Long term liabilities					
Long term debt (Note 6)	-	159,125	-	159,125	231,067
Mortgages payable (Note 5)	-	6,974,071	-	6,974,071	7,432,363
Total Liabilities	12,849,577	7,976,207	-	20,825,784	21,190,321
Fund Balances:					
Invested in capital assets	-	29,383,763	-	29,383,763	29,139,436
Externally restricted (Schedule 3)	-	43,191,437	42,145	43,233,582	2,214,322
Internally restricted (Schedule 4)	-	1,393,170	-	1,393,170	1,393,170
Unrestricted	1,379,850	(151,006)	-	1,228,844	4,533
Fund balances – (Statement 2)	1,379,850	73,817,364	42,145	75,239,359	32,751,461
Total Liabilities & Fund Balances	$ 14,229,427	$ 81,793,571	$ 42,145	$ 96,065,143	$ 53,941,782

Commitments (Note 4)
Asset Retirement Obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

Year ended March 31, 2009, with comparative figures for 2008

	Operating Fund			Restricted			
	Budget 2009 (Note 12)	2009	2008	Capital Fund 2009	Community Trust Fund 2009	Total 2009	Total 2008
REVENUES							
Saskatchewan Health - general	$ 66,883,143	$ 70,294,806	$ 66,135,708	$ 42,976,829	$ -	$ 42,976,829	$ 4,891,120
Other provincial	107,902	106,918	74,041	275,718	-	275,718	273,455
Federal government	-	2,646	24,808	-	-	-	-
Patient fees	8,232,312	8,590,286	8,269,668	-	-	-	-
Out of province (reciprocal)	346,500	572,564	382,927	-	-	-	-
Donations	-	57,905	104,758	1,956,442	-	1,956,442	2,123,355
Investment	393,356	368,318	470,893	98,773	1,135	99,908	84,066
Recoveries	1,044,334	1,055,872	1,100,624	-	-	-	-
Other	338,377	430,877	301,750	-	-	-	799
	77,345,924	81,480,182	76,865,177	45,307,762	1,135	45,308,897	7,372,795
EXPENSES							
Province wide acute care services	47,865	44,335	30,263	-	-	-	-
Acute care services	15,265,344	16,250,266	15,824,872	1,354,812	-	1,354,812	1,166,175
Physician compensation - acute	396,184	521,003	318,933	-	-	-	-
Supportive care services	36,692,200	38,290,138	36,236,434	2,115,106	-	2,115,106	2,018,572
Home based service - supportive care	5,511,164	5,703,448	5,651,537	6,055	1,515	7,570	21,434
Population health services	2,892,566	2,987,500	2,792,063	4,387	-	4,387	6,815
Community care services	3,473,636	3,428,659	3,298,162	2,694	-	2,694	8,772
Home Based Services - acute & palliative	659,867	729,994	659,023	498	125	623	1,763
Primary health care services	3,640,270	3,611,722	3,485,322	86,898	-	86,898	144,383
Emergency response services	3,905,643	3,925,346	3,767,027	169,683	-	169,683	277,719
Addictions services - residential	475,098	506,962	464,417	7,192	-	7,192	-
Physician compensation - community	387,319	508,390	426,276	-	-	-	-
Program support services	3,870,699	3,868,183	3,786,286	99,260	-	99,260	83,854
Special funded programs	83,869	77,010	98,738	-	-	-	-
	77,301,724	80,452,956	76,839,353	3,846,585	1,640	3,848,225	3,729,487
Excess (Deficiency) of revenues over expenses	$ 44,200	1,027,226	25,824	41,461,177	(505)	41,460,672	3,643,308
Fund balances, beginning of year		623,458	725,765	32,085,353	42,650	32,128,003	28,356,564
Interfund transfers (Note 14)		(270,834)	(128,131)	270,834	-	270,834	128,131
Fund balances, end of year		$ 1,379,850	$ 623,458	$ 73,817,364	$ 42,145	$ 73,859,509	$ 32,128,003

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

Year ended March 31, 2009, with comparative figures for 2008

	Operating Fund		Restricted			
	2009	2008	Capital Fund 2009	Community Trust Fund 2009	Total 2009	Total 2008
Cash provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenue over expenses	$ 1,027,226	$ 25,824	$ 41,461,177	$ (505)	$ 41,460,672	$ 3,643,308
Net change in non-cash working capital (note 8)	708,228	1,310,897	(78,391)	-	(78,391)	410,945
Amortization of capital assets	-	-	3,420,589	-	3,420,589	3,298,083
Loss on disposal of capital assets	-	-	4,046	-	4,046	-
Change in interfund balances	-	(406,989)	-	-	-	406,989
	1,735,454	929,732	44,807,421	(505)	44,809,916	7,759,325
Purchase of capital assets:						
Building/construction	-	-	(981,998)	-	(981,998)	(4,236,270)
Equipment	-	-	(2,179,709)	-	(2,179,709)	(1,974,325)
Purchase of long-term investments	(86,777)	(733,426)	(18,653)	-	(18,653)	85,316
	(86,777)	(733,426)	(3,180,360)		(3,180,360)	(6,125,279)
Repayment of debt	-	-	(507,255)	-	(507,255)	(565,680)
Issuance of debt	-	-	-	-	-	141,138
	-	-	(507,255)	-	(507,255)	(424,542)
Net increase (decrease) in cash and short-term investments during the year	1,648,677	196,306	41,119,806	(505)	41,119,301	1,209,504
Cash and short-term investments, beginning of year	8,943,753	8,875,578	2,862,599	42,650	2,905,249	1,567,614
Interfund transfers (note 14)	(270,834)	(128,131)	270,834	-	270,834	128,131
Cash and short-term investments, end of year (schedule 2)	$ 10,321,596	$ 8,943,753	$ 44,253,239	$ 42,145	$ 44,295,384	$ 2,905,249

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2009

1. Legislative authority:

The Heartland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organizing, delivery, and evaluation of health services it is to provide within the geographic area known as the Heartland Health Region, under section 27 of *The Act*. The Heartland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant accounting policies:

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

(a) Health Care Organizations:

i) The RHA has agreements with and grants funding to the following community based organizations (CBOs) and third parties to provide health services:

- Canadian Mental Health Association (Saskatchewan Division) Inc.
- Bridgepoint Centre for Eating Disorders Inc.

Note 10b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliate is incorporated as follows (and is a registered charity under the *Income Tax Act*):

- St. Joseph's Hospital of Macklin (incorporated under *The Regional Health Services Act*).

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

(b) Fund accounting:

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

2. Significant accounting policies (continued):

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

2. Significant accounting policies (continued):

(c) Revenue:

Unrestricted revenues are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

(d) Capital assets:

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Buildings	5%
Land improvements	5%
Equipment	6.25 to 33%

Donated capital assets are recorded at their fair value at the date of contribution if fair value can be reasonably determined.

(e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

(f) Inventory:

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at lower of cost and net realizable value as determined on the first in, first out basis.

2. Significant Accounting Policies (continued):

(g) Pensions:

Employees of the RHA participate in several multi-employer defined pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

(h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

(i) Financial instruments:

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2009, the RHA does not have any material outstanding contracts or financial instruments with embedded derivatives.

2. Significant Accounting Policies (continued):

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk - affected by changes in foreign exchange rates; Interest rate risk - affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

(j) Replacement reserves:

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital assets:

	Cost	Accumulated Amortization	2009 Net Book Value	2008 Net Book Value
Land	$ 330,111	$ -	$ 330,111	$ 330,111
Land improvements	494,464	420,104	74,360	84,020
Buildings	51,881,828	35,002,108	16,879,720	19,027,353
Equipment	22,025,412	16,260,126	5,765,286	4,676,077
Construction in progress	13,992,520	-	13,992,520	13,187,364
	$ 88,724,335	$ 51,682,338	$ 37,041,997	$ 37,304,925

4. Commitments:

a) Capital assets acquisitions

At March 31, 2009, commitments for acquisition of capital assets were $134,062 (2008 - $198,330).

As at March 31, 2009, the Ministry of Health provided Heartland Health Region with funding in the amount of $36,200,000 to be used to construct three long term care facilities.

4. Commitments (continued):

b) Operating leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2010	$ 34,136
2011	24,434
2012	10,434
2013	3,786
2014	–

c) Capital leases

			2009	2008
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
Ambulances under capital lease	277,068	103,076	173,992	229,406
Total	277,068	103,076	173,992	229,406

The ambulances are amortized on a straight-line basis over the economic life beginning in the year of acquisition.

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

Interest rate	see below
Expiry date	see below
2010	$ 57,857
2011	57,857
2012	39,602
2013	28,532
2014 and subsequent	
Total minimum lease payments	**183,848**
Amount representing interest	(5,851)
Balance of the obligation	**177,997**
Less current portion	(54,983)
Long term portion	**123,014**

Equipment under capital lease consists of two ambulance leases, one at 4.85% interest, expiring June 30, 2011, and one at 4.94% interest expiring Feb 28, 2013.

4. Commitments (continued):

d) Asset Retirement Obligations

The RHA has identified potential asset retirement obligations on its facilities for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

e) Contracted Health Service Operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA. The RHA has contracted services in the year ending March 31, 2010 similar to those provided by these operators in the prior fiscal year.

5. Mortgages payable:

Title of Issue	Interest Rate	Annual Repayment Terms	2009	2008
Heritage Manor, Kindersley - CMHC, due May 1, 2021	5.02%	$289,327 principal and interest of which $89,076 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Sep. 1, 2014	$ 2,637,524	$ 2,791,898
Golden Years Lodge, Elrose - CMHC, due Aug. 1, 2025	4.32%	$71,981 principal and interest of which $100,500 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2016	847,429	882,388
Jubilee Lodge, Eston - CMHC, due June 1, 2022	4.17%	$77,534 principal and interest of which is $17,111 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Oct. 1, 2015	789,900	833,855
Diamond Lodge Company Ltd. - CMHC, due April 1, 2019	4.17%	$78,732 principal and interest of which $16,419 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Oct. 1, 2015	648,218	699,061
Outlook & District Pioneer Home, Outlook - CMHC, due April 1, 2021	4.69%	$58,742 principal and interest of which $15,700 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2016	542,358	575,130
Prairie Manor, Dinsmore - CMHC, due April 1, 2022	4.69%	$42,704 principal and interest of which $11,775 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2016	418,068	440,819

5. Mortgages payable (continued):

Title of Issue	Interest Rate	Annual Repayment Terms	2009	2008
Prairie View Lodge, Davidson - CMHC , due Dec. 1, 2020	5.14%	$46,995 principal and interest of which $15,107 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Dec. 1, 2013	414,975	440,209
Lucky Lake & District Special Care Home Inc. - CMHC, due Oct. 1, 2021	4.32%	$42,330 principal and interest of which $10,031 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2016	411,120	435,319
Buena Vista Lodge, Kerrobert - CMHC, due April 1, 2025	8.00%	$20,814 principal and interest. Mortgage renewal date - Apr. 1, 2025	189,607	195,256
Diamond Lodge Company Ltd., Biggar - CMHC, due Aug. 1, 2025	8.00%	$11,743 principal and interest. Mortgage renewal date - Aug. 1, 2025	108,058	111,164
Outlook & District Pioneer Home Inc., Outlook - CMHC, due Jan. 1, 2017	5.37%	$14,686 principal and interest. Mortgage renewal date - Jan. 1, 2017	93,949	103,368
Arm River Housing Corporation, Davidson - CMHC, due Dec. 1, 2016	5.38%	$13,097 principal and interest. Mortgage renewal date - Dec. 1, 2016	83,041	91,478
Wheatbelt Centennial Lodge, Rosetown - CMHC, due Oct. 1, 2017	5.88%	11,182 principal and interest. Mortgage renewal date - Oct. 1, 2017	73,607	80,304
Unity & District Health Centre, Unity - CMHC, due April 1, 2019	6.88%	$9,824 principal and interest. Mortgage renewal date - Apr. 1, 2019	71,633	76,424

5. Mortgages payable (continued):

Title of Issue	Interest Rate	Annual Repayment Terms	2009	2008
Diamond Lodge Company Ltd., Biggar - CMHC, due Jan. 1, 2017	5.38%	$10,674 principal and interest. Mortgage renewal date - Jan. 1, 2017	68,264	75,110
Jubilee Lodge, Eston - CMHC, due May 1, 2017	5.75%	$4,509 principal and interest. Mortgage renewal date - May 1, 2017	29,416	32,169
			7,427,167	7,863,952
Less current portion			453,096	431,589
			$ 6,974,071	$ 7,432,363

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2010	$ 453,096
2011	476,086
2012	499,606
2013	524,310
2014	550,262
Subsequent	4,923,807
	$ 7,427,167

6. Long-term debt:

Title of Issue	Interest Rate	Annual Repayment Terms	2009	2008
Biggar Ambulance Lease, Saskatchewan Property Management Corp.	4.94%	$29,597 principal and interest. Lease term 5 years. (note 4(c))	112,973	140,168
Outlook Ambulance Lease, Saskatchewan Property Management Corp.	4.85%	$28,529 principal and interest. Lease term 5 years. (note 4(c))	65,024	92,031
Biggar Ambulance Garage, Town of Biggar	4.25%	$19,215 principal and interest. Loan maturity date December 7, 2011	53,070	69,338
			231,067	301,537
Less current portion			71,942	70,470
			$ 159,125	$ 231,067

Principal repayments required in each of the next five years is estimated as follows:

2010	$ 71,942
2011	73,705
2012	57,167
2013	28,253
2014	–
	$ 231,067

7. Deferred revenue:

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Health Improvement Initiatives	$ 271,634	$ -	$ -	$ 271,634
Workplace Wellness	9,751	-	-	9,751
Behavioural Management Initiatives	85,680	25,500	-	60,180
Communication Systems	58,506	58,506	-	-
Tri-District Parent Support	25,204	16,861	-	8,343
Adult Behavioural Management	10,017	-	-	10,017
Mental Health-Approved Homes	10,766	10,766	-	-
Mental Health Manager	23,281	-	-	23,281
Primary Health System-MARS	41,467	41,467	-	-
Infant Mortality Risk Program	57,201	-	-	57,201
Diabetes Strategy Program	31,536	31,536	-	-
Primary Health Initiative	70,500	19,665	-	50,835
Professional Development	99,628	49,444	31,668	81,852
Occupational Health & Safety	26,771	26,771	-	-
Primary Health Info Service	10,031	-	-	10,031
Aboriginal Awareness	7,322	11,383	11,430	7,369
Quality Health Workplace Initiative	30,635	43,404	31,096	18,327
Health Information Protection Act	8,947	-	-	8,947
Smoking Prohibitions	14,560	-	-	14,560
Addictions	35,000	7,762	120,000	147,238
Out of Scope Relief Project	100,194	100,194	-	-
Out of Scope Classification Plan	72,186	72,186	-	-
Pub Hlth Inspec Enhancement	55,500	-	-	55,500
Short Term Home Care Initiative	23,402	-	-	23,402
Family & Students Together	56,517	43,108	-	13,409
Kids First Program	58,903	58,903	-	-
Nursing Educ Prof Development	-	14,721	32,855	18,134
Safety Training Initiative	36,356	25,649	68,580	79,287
Eatonia Care Home	64,800	64,800	-	-
Immunizations 07-08 (MMR)	4,224	4,224	-	-
Mentorship Program	10,150	109,037	149,150	50,263
Tanawe-Aboriginal Hlth Transition	4,040	4,040	-	-
Infant Influenza Program	-	4,730	4,730	-
Public Health Nurse HPV Program	-	-	18,144	18,144
MDS Support	-	13,171	68,191	55,020
Autism	-	10,805	166,250	155,445
SUN Partnership Reporting	-	-	12,600	12,600
	$ 1,414,709	$ 868,633	$ 714,694	$ 1,260,770

7. Deferred revenue (continued):

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives				
Former Greenhead Education Fund	$ 1,878	$ 1,488	$ -	$ 390
Workplace Wellness	901	-	-	901
Evidence Based Decision Making Workshop	11,927	-	-	11,927
Mommia Ma	2,734	-	12,000	14,734
Kids First Program	64,688	11,998	69,600	122,290
Family & Students Together	-	-	40,850	40,850
Prevent Alcohol and Risk Related Trauma in Youth	-	852	3,500	2,648
Preceptor Grant	-	3,627	7,000	3,373
Nurse Recruitment Funding	-	-	225,046	225,046
	$ 82,128	$ 17,965	$ 357,996	$ 422,159
Total Deferred Revenue	$ 1,496,837	$ 886,598	$ 1,072,690	$ 1,682,929

8. Net change in non-cash working capital:

	Operating Fund		Restricted Funds			
	2009	2008	Capital Fund	Community Trust Fund	Total 2009	Total 2008
Accounts receivable	$ (229,227)	$ 778,330	$ 667,664	$ -	$ 667,664	$ 148,099
Inventory	(15,381)	(68,832)	-	-	-	-
Prepaid expenses	64,063	31,268	-	-	-	-
Accounts payable	(37,277)	(789,766)	(746,055)	-	(746,055)	262,846
Accrued salaries	296,814	811,329	-	-	-	-
Vacation payable	443,144	597,067	-	-	-	-
Deferred revenue	186,092	(48,499)	-	-	-	-
	$ 708,228	$ 1,310,897	$ (78,391)	$ -	$ (78,391)	$ 410,945

9. Patient and resident trust accounts:

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2009 was $15,882 (2008 - $17,951). These amounts are not reflected in the financial statements.

10. Related parties:

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

10. Related parties (continued):

a) Related party transactions

Transactions with related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms

	2009	2008
Revenues		
Saskatchewan Health	$ 113,271,635	$ 71,026,828
Saskatchewan Housing Corporation	275,718	273,455
Other	-	74,041
	$ 113,547,353	$ 71,374,324
Expenditures		
Sask Health Care Employees' Pension Plan	$ 2,931,470	$ 2,766,961
St Joseph's Hospital of Macklin	1,798,010	1,595,546
SAHO Enhanced Dental/Extended Health Plan	1,372,990	1,323,170
Sask Property Management Corporation	585,935	845,783
Sask Workers' Compensation Board	860,957	890,498
Sask Power Corporation	735,043	730,944
Sask Energy Incorporated	824,363	747,659
SAHO Disability Plan	577,615	654,084
Bridgepoint Centre for Eating Disorders Inc.	506,962	464,417
Saskatchewan Telecommunications	464,102	487,688
SAHO Dental Plan	659,461	513,201
Saskatoon Regional Health Authority	392,706	364,849
Sask Association of Health Care Organizations	317,396	159,638
Beechy Demaine Emergency Services	116,781	124,041
Minister of Finance	4,800	18,009
Other Regional Health Authorities	152,449	66,007
Saskatchewan Finance	31,356	27,280
Public Employees Pension Plan	43,986	35,223
SGI Canada Insurance Services Ltd	2,297	51,262
Canadian Mental Health Association (Saskatchewan Division) Inc.	27,193	25,682
Elrose Ambulance Service	14,617	13,498
	$ 12,420,489	$ 11,905,440
Accounts Receivable		
Saskatchewan Health	$ 162,375	$ 484,941
SGI Canada Insurance Services Ltd	5,492	-
Sask Association of Health Care Organizations	190,755	-
Saskatoon Regional Health Authority	2,223	-
	$ 360,845	$ 484,941

10. Related parties (continued):

	2009	2008
Prepaid Expenditures		
Workers Compensation	$ 216,718	$ 198,669
SGI Canada Insurance Services Ltd	-	27,798
	$ 216,718	$ 226,467
Accounts Payable		
Sask Healthcare Employees' Pension Plan	$ 432,888	$ 320,978
Sask Energy Incorporated	128,905	120,131
SAHO Disability Plan	90,565	77,173
Saskatchewan Health	8,928	18,058
Public Employees Pension Plan	3,319	-
Sask Property Management Corporation	57,901	4,928
St Joseph's Hospital of Macklin	8,595	4,085
Sask Telecommunications	69,778	73,388
SAHO Dental Plan	56,662	44,179
Saskatoon Regional Health Authority	91,036	20,614
Sask Association of Health Care Organizations	14,389	14,260
Saskatchewan Finance	1,851	5,285
	$ 964,817	$ 703,079

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

10. Related parties (continued):

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, RHA provided the following amounts to CBOs and third parties:

	2009	2008
Bridgepoint Centre for Eating Disorders Inc.	$ 506,962	$ 464,417
Canadian Mental Health Association (Saskatchewan Division) Inc.	27,193	25,682
	$ 534,155	$ 490,099

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to the RHA's affiliate:

	2009	2008
St. Joseph's Hospital of Macklin	$ 1,798,010	$ 1,595,546
	$ 1,798,010	$ 1,595,546

10. Related parties (continued):

b) Health Care Organizations - continued:

ii) Affiliates - continued

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity as at March 31, 2009 and 2008:

		2009		2008
Statement of financial position:				
Assets	$	563,790	$	416,301
Net capital assets		2,653,138		2,685,696
	$	3,216,928	$	3,101,997
Total liabilities	$	272,660	$	215,828
Total fund balances		2,944,268		2,886,169
	$	3,216,928	$	3,101,997
Results of operations:				
RHA grant	$	1,798,010	$	1,595,546
Other revenue		354,402		363,357
Total revenue		2,152,412		1,958,903
Salaries and benefits	$	1,681,821	$	1,637,794
Other expenses		412,495		405,593
Total expenses		2,094,316		2,043,387
Excess/(Deficiency) of revenue over expenses	$	58,096	$	(84,484)

Other expenses includes amortization of $99,126 (2008 - $116,224).

Cash flows:				
Cash from operations	$	146,232	$	66,047
Cash used in investing activities		(6,533)		(62,572)
Increase in cash	$	139,699	$	3,475

Cash used in investing activities includes capital purchases of $66,568 (2008 - $31,624).

11. Pension plans:

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense for the year amounted to $2,975,456 (2008 - $2,802,184) and is included in benefits in Schedule 1.

Information on pension plans:

	SHEPP[1]	PEPP	2009 Total	2008 Total
Number of active members	1,324	11	1,335	1,335
Member contribution rate, percentage of salary	5.85-7.35%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	6.55-8.23%*	6.00-7.00%*		
Member contributions	2,617,479	43,130	2,660,609	2,508,379
RHA contributions	2,931,470	43,986	2,975,456	2,802,184

* Contribution rate varies based on employee group.
1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2009. Inactive members are transferred to SHEPP and not included in these results.

12. Budget:

The RHA approved the 2008-2009 budget plan on November 4th, 2008.

13. Financial instruments:

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Worker's Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
    - Accounts receivable
    - Accounts payable
    - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $5,244,767 (2008 - $5,247,221) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

14. Interfund transfers:

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2009			2008		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (270,834)	$ 270,834	$ -	$ (128,131)	$ 128,131	$ -
	$ (270,834)	$ 270,834	$ -	$ (128,131)	$ 128,131	$ -

15. Joint job evaluation reconsiderations:

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual issues that consist of recommendations that were not agreed to. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by a 3rd party. Dealing with some of these issues is expected to extend until 2011. The results of the outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

Schedule 1

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object

Year ended March 31, 2009, with comparative figures for 2008

	Budget 2009	2009	2008
Operating:			
Board costs	$ 136,128	$ 104,357	$ 103,953
Compensation - benefits	9,652,080	9,515,588	9,204,387
Compensation - salaries	51,932,401	54,763,521	52,697,977
Diagnostic imaging supplies	105,692	105,331	93,493
Drugs	705,595	704,214	664,327
Food	1,263,378	1,308,779	1,235,962
Grants to ambulance services	98,025	102,312	97,695
Grants to third parties	2,129,457	2,281,136	2,084,712
Housekeeping and laundry supplies	615,042	603,671	599,302
Information technology contracts	289,345	257,533	178,807
Insurance	293,575	306,702	282,677
Interest	4,500	3,786	4,465
Laboratory supplies	598,985	624,117	535,572
Medical and surgical supplies	1,001,509	998,917	960,360
Medical remuneration and benefits	855,465	1,004,301	727,395
Office supplies and other office costs	471,947	500,209	409,836
Other	1,264,152	1,301,455	1,161,752
Other referred out services	394,261	418,866	427,275
Professional fees	636,245	677,461	549,593
Purchased services	331,453	131,650	153,633
Rent/lease/purchases	746,923	845,326	996,985
Repairs and maintenance	648,345	702,221	591,542
Service contracts	518,733	643,099	621,612
Travel expense	949,678	834,810	872,207
Utilities	1,658,810	1,713,594	1,583,834
	77,301,724	80,452,956	76,839,353
Restricted:			
Amortization		3,420,589	3,298,083
Loss/(Gain) on disposal of fixed assets		4,046	-
Other		57,188	41,325
Mortgage interest expense		366,402	390,079
		3,848,225	3,729,487
		$ 84,301,181	$ 80,568,840

Schedule 2

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2009

	Fair Value	Maturity	Effective Rate
Restricted cash and investments			
Cash and short-term investments:			
Chequing and savings:			
Rosetown Prairie Centre Credit Union	$ 43,449,361		
Short-term investments:			
TD Premium Money Market	732,452		
GIC - National Bank of Canada	58,846	16-Jul-09	4.35%
CPN - Province of Ontario	54,725	03-Nov-09	3.35%
	846,023		
	44,295,384		
Long-term investments:			
GIC-Bank of Nova Scotia	58,438	21-Jul-13	4.70%
CPN-Province of Ontario	9,590	03-May-11	3.83%
CPN-Province of Ontario	53,587	03-Nov-10	3.35%
CPN-Province of Ontario	51,843	03-Nov-11	3.35%
CPN-Province of Ontario	9,251	03-May-12	3.83%
CPN-Province of Ontario	49,906	03-Nov-12	3.35%
CPN-Province of Ontario	8,848	03-May-13	3.83%
GIC-Canadian Tire Bank	56,052	04-Nov-13	4.75%
CPN-Province of Ontario	8,425	03-May-14	3.83%
CPN-Province of Ontario	7,958	03-May-15	3.83%
	313,898		
Total restricted cash and investments	44,609,282		
Unrestricted cash and investments			
Cash and short-term investments:			
Chequing and savings			
Rosetown Prairie Centre Credit Union	6,743,438		
Kerrobert Credit Union	1,086,627		
Biggar Credit Union	87,721		
Kindersley Credit Union	256,192		
Unity Credit Union	166,353		
Davidson Credit Union	171,267		
Wilkie Credit Union	24,672		
Lucky Lake CIBC	17,288		
Petty cash	7,870		
RBC Dominion Securities	12		
	8,561,440		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2009

	Fair Value	Maturity	Effective Rate
Short-term investments:			
Co-op Equity Accounts	44,383		- %
GIC-Concentra	853,003	27-Aug-09	4.01%
Government of Canada	149,445	01-Oct-09	3.91%
GIC-Coast Cap	713,325	27-Aug-09	4.05%
	1,760,156		
	10,321,596		
Long-term investments:			
GIC-HSBC Bank	62,955	08-Jun-10	4.40%
GIC-AGF Trust	79,971	16-Feb-11	4.36%
GIC-Equitable Trust	79,828	16-Feb-11	4.30%
GIC-Money Market-Dundee	723,070	05-Mar-11	
GIC-ICICI Bank	63,209	08-Jun-11	4.55%
GIC-Laurentian Bank	82,207	31-Jan-12	4.33%
GIC-Montreal Trust	82,155	31-Jan-12	4.30%
GIC-Pacific & Western	60,379	04-May-12	4.42%
GIC-Home Trust Company	65,203	04-May-12	4.45%
GIC-ING Bank of Canada	73,269	17-Dec-12	4.11%
GIC-Bank of Montreal	76,004	17-Dec-13	4.70%
GIC-Canadian Tire Bank	20,245	17-Dec-13	4.30%
	1,468,495		
Total unrestricted investments	11,790,091		
Total cash and investments	$ 56,399,373		

Restricted investments include: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

Restricted and unrestricted totals	
Total cash and short-term investments	$ 54,616,980
Total long-term investments	1,782,393
Total cash and investments	$ 56,399,373

Schedule 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2009, with comparative figures for 2008

COMMUNITY TRUST FUND EQUITY

	Balance Beginning of Year	Investment Income	Donations	Expenses	Withdrawals	Balance End of Year
Trust Name:						
Greenhead District Home Care	$ 42,650	$ 1,135	$ -	$ (1,640)	$ -	$ 42,145
Total Community Trust Fund	**$ 42,650**	**$ 1,135**	**$ -**	**$ (1,640)**	**$ -**	**$ 42,145**

CAPITAL FUND

	Balance Beginning of Year	Donations	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
RESTRICTED DONATIONS:						
Biggar Hospital	$ 89,322	$ 29,332	$ -	$ -	$ (25,565)	$ 93,089
Outlook Hospital	25,747	896,162	-	-	(896,162)	25,747
Biggar Diamond Lodge	55,011	11,543	-	-	(35,426)	31,128
Outlook Pioneer Home	403	-	-	-	-	403
Eatonia	1,019	60	-	-	-	1,079
Kerrobert	1,902	(847)	-	-	(404)	651
Kindersley	36,184	182,400	-	-	(178,082)	40,502
Rosetown	189,036	93,030	-	-	(146,342)	135,724
Unity	16,292	94,185	-	-	(103,421)	7,056
Davidson	6,485	23,779	-	-	(33,697)	(3,433)
Dinsmore	17,812	1,249	-	-	(3,059)	16,002
Elrose	3,233	3,024	-	-	(1,122)	5,135
Eston	(11,710)	17,376	-	-	(7,062)	(1,396)
Kyle	-	9,266	-	-	(9,292)	(26)
Lucky Lake	-	3,531	-	-	(3,531)	-
Wilkie	6,558	567,930	-	-	(38,251)	536,237
EMS	35,158	22,950	-	-	(4,507)	53,601
Home Care	12,016	1,472	-	-	-	13,488
Addictions	100	-	-	-	-	100
Region Education	13,602	-	-	-	-	13,602
Region Equipment	47,507	-	-	-	-	47,507
Population Health	300	-	-	-	-	300
RESTRICTED CAPITAL FUNDING						
Equipment Funding	174,865	-	720,000	-	(409,623)	485,242
Diagnostic Equipment	416,255	-	142,558	-	(189,359)	369,454
Ambulance	31,546	-	-	-	(31,546)	-
Safety Equipment	779,012	-	764,165	-	(699,899)	843,278
Block Funding	224,017	-	-	-	(201,239)	22,778
VFA Funding	-	-	4,320,000	-	(65,811)	4,254,189
Outlook Building Project	-	-	274,324		(274,324)	-
Long Term Care Building Projects	-	-	36,200,000	-	-	36,200,000
Total Capital Fund	**$ 2,171,672**	**$ 1,956,442**	**$ 42,421,047**	**$ -**	**$ (3,357,724)**	**$ 43,191,437**
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 2,214,322**	**$ 1,957,577**	**$ 42,421,047**	**$ (1,640)**	**$ (3,357,724)**	**$ 43,233,582**

Schedule 4

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances

Year ended March 31, 2009, with comparative figures for 2008

	Balance, beginning of year	Investment income allocated	Annual allocation	Transfer in	Transfer out	Balance, end of year
SHC Replacement Reserve:						
Biggar Diamond Lodge	$ 148,930	$ -	$ -	$ -	$ -	$ 148,930
Outlook Pioneer Home	103,270	-	-	-	-	103,270
Kerrobert Buena Vista Lodge	44,000	-	-	-	-	44,000
Kindersley Heritage Manor	224,880	-	-	-	-	224,880
Rosetown Wheatbelt Centennial Lodge	200,000	-	-	-	-	200,000
Unity & District Health Centre	124,250	-	-	-	-	124,250
Davidson Prairie View Lodge	273,150	-	-	-	-	273,150
Elrose & District Health Centre	74,000	-	-	-	-	74,000
Eston Jubilee Lodge	200,690	-	-	-	-	200,690
	1,393,170	-	-	-	-	1,393,170
Total internally restricted funds	$ 1,393,170	$ -	$ -	$ -	$ -	$ 1,393,170

Schedule 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration

Year ended March 31, 2009, with comparative figures for 2008

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2009 Total	2008 Total
Previous Board								
Leys, Lyle - Chairperson	$ 9,130	$ 9,788	$ 63	$ 2,169	$ -	$ -	$ 21,150	$ 27,438
Hoppe, Cindy	-	2,000	425	482	-	67	2,974	3,714
Howie, Carey	-	2,525	450	1,230	-	101	4,306	5,593
Johnson, Gary	-	2,200	550	1,369	-	89	4,208	5,166
Langager, Les	-	800	250	301	-	32	1,383	3,439
Leitch, Don	-	2,000	700	930	-	-	3,630	1,705
Poggemiller, Erhard	-	1,000	375	737	-	41	2,153	3,650
Shapka, Betty	-	5,670	2,870	7,067	-	348	15,955	10,421
Siemens, George	-	2,200	625	937	-	-	3,762	5,490
Sittler, William	-	2,100	638	1,229	-	89	4,056	4,282
Vaxvick, Wayne	-	2,000	1,079	453	-	88	3,620	4,752
Wagner, Evelyn	-	2,200	1,163	1,530	-	104	4,997	6,178
New Board as of 2009								
Anderson, Richard - Chairperson	-	900	350	808	-	55	2,113	-
Allan, Gary	-	200	125	240	-	9	574	-
Goring, Loretta	-	700	125	460	-	-	1,285	-
Groves, Gary	-	200	50	82	-	6	338	-
Leys, Lyle	-	600	-	82	-	-	682	-
Lorenz, Hazel	-	900	125	500	-	44	1,569	-
MacDougall, Richard	-	700	-	556	-	28	1,284	-
Rankin, Lyle	-	300	113	222	-	14	649	-
Siemens, George	-	900	175	549	-	-	1,624	-
Sittler, William	-	900	125	774	-	44	1,843	-
Whittles, Mary-Lou	-	900	225	729	-	49	1,903	-
TOTAL	$ 9,130	$ 41,683	$ 10,601	$ 23,436		$ 1,208	$ 86,058	$ 81,828

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2009, with comparative figures for 2008

Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total 2009	Salaries, Benefits & Allowances[1,2]	Severance	Total 2008
Wersch, Ken - CEO	$ 94,496	$ 672	$ 95,168	$ -	$ 95,168	$ 174,732	$ -	$ 174,732
Sproxton, Lefa - Interim CEO	157,541	-	157,541	-	157,541	124,288	-	124,288
Bosch, Stacey - VP of Corporate Services	138,631	-	138,631	-	138,631	124,820	-	124,820
Glessing, Caroline - VP of Primary Care Services, West PHSA	135,924	-	135,924	-	135,924	115,617	-	115,617
Pajunen, Sheila - VP of Human Resources	136,023	-	136,023	-	136,023	122,521	-	122,521
Wasko Lacey, Linda - VP of Health Services, East PHSA	135,900	-	135,900	-	135,900	125,795	-	125,795
Ledding, Dr David - Sr Medical Mgr	65,675	-	65,675	-	65,675	42,075	-	42,075
Total	$ 864,190	$ 672	$ 864,862	$ -	$ 864,862	$ 829,848	$ -	$ 829,848

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.